FEC FORM 3X	AND	ORT OF RE DISBURSE er Than An Autho	MENTS	ee	Office Use	Only
1. NAME OF COMMITTEE (in fu		MAILING LABEL	Example:If typing over the lines	, type]
Kindred Healthcare	, Inc. PAC					
ADDRESS (number and	street) 604 S.	Fourth St.				
Check if differ than previously reported. (ACC		 le 			, 402 , 402	02
2. FEC IDENTIFICAT		CITY	A	STAT	E 👗 ZI	PCODE 萬
C00242271		3. IS T REF		NEW OR	AMENDED (A)	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q1) (c Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year (d	PRE-Election Report for the: Election	0 (M3) 0 (M4) Primary (12P Convention (on General (300	12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) the tate of Special (30S)
5. Covering Period 09 01 2006 through 09 30 2006 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Hank Robinson Signature of Treasurer Electronically Filed by Hank Robinson Date 10 16 2006 NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.						
Office Use Only					FEC F	ORM 3X 02/2003)

# 26960527900 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Vrite or Type Committee Name Kindred Healthcare, Inc. PAC		
eport Covering the Period: From:	M M D D Y	To: 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 ^Y 2006 ^Y ^Y]	176556.29
(b) Cash on Hand at Begining of Reporting Period	140735.69	
(c) Total Receipts (from Line 19)	19818.70	122084.00
 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	160554.39	298640.29
Total Disbursements (from Line 31)		177585.90
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121054.39	121054.39
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		
	FEC Form 3X (Rev. 02/2003) Vrite or Type Committee Name Kindred Healthcare, Inc. PAC Report Covering the Period: From: (a) Cash on Hand January 1 Y2006 Y (b) Cash on Hand at Begining of Reporting Period (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Vrite or Type Committee Name Kindred Healthcare, Inc. PAC M M M M O O O O O O O O O O O O O O O O

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

For further information contact:

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

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

nage# 26960527901		DETAILED SUMMARY PAGE OF RECEIPTS	Dava 0
Write or Ty	c Form 3X (Rev. 02/2003) be Committee Name d Healthcare, Inc. PAC		Page 3
Report Cove	ering the Period: From:	^M M 0 9 0 1 2 0 0 6	To: 09 30 2006
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ions (other than loans) From: <i>v</i> iduals/Persons Other		
()	n Political Committees	10701.00	40540.00
(i)	Itemized (use Schedule A)	10701.20	48519.60
(ii)	Unitemized	5117.50	68564.40
(iii)	TOTAL (add	15818.70	117084.00
	Lines 11(a)(i) and (ii) 🛡		
	ical Party Committees	0.00	0.00
(suc	er Political Committees th as PACs) I Contributions (add Lines	0.00	0.00
	a)(iii),(b) and (c)) (Carry als to Line 33, page 5) D	15818.70	117084.00
	s From Affiliated/Other mmittees	0.00	0.00
3. All Loans	Received	0.00	0.00
4 Loop Por	payments Received	0.00	0.00
5. Offsets T	o Operating Expenditures		
(Carry To	, Rebates, etc.) otals to Line 37, page 5) of Contributions Made	0.00	0.00
to Federa	al candidates and Other Committees	4000.00	5000.00
	deral Receipts ls, Interest, etc.)	0.00	0.00
8. Transfer	s from Non-Federal and Levin Fund	ls	
(a) Non-	Federal Account n 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
	ceipts (add Lines 11(d), 4, 15, 16, 17, and 18(c))	19818.70	122084.00
	leral Receipts Line 18(c) from Line 19)	19818.70	122084.00

Image# 26960527902

DETAILED SUMMARY PAGE

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	135.90
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) >	0.00	135.90
22.	Transfers to Affiliated/Other Party	0.00	
23	Committees	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	38500.00	170750.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E) 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
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) 🕨	0.00	0.00
29.	Other Disbursements	1000.00	6700.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	Γ	0.00	0.00
	(ii) "Levin" Share (b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39500.00	177585.90
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	20500.00	177505 00
	from Line 31)	39500.00	177585.90

Image# 26960527903

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	15818.70	117084.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15818.70	117084.00
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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 66 (check only one) 11a 11b 11c 12 13 14 15 X 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 person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Kindred Healthcare, Inc. PAC					
Full Name (Last, First, Middle Initial) A. Bill Thomas Campaign Committee		Date of Receipt			
Mailing Address PO Box 395		M M / D D / Y Y Y Y 09 28 2006			
City	State Zip Code	Transaction ID: 17063402			
Bakersfield	CA 93302	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C C00100537	4000.00			
Name of Employer	Occupation				
Receipt For: 2006	Aggregate Year-to-Date ▼	1			
Primary X General Other (specify) ▼	4000.00	Refund of Contribution - orig check dated 9/14/05			

SUBTOTAL of Receipts This Page (optional)	►	4000.00
TOTAL This Period (last page this line number only)	►	4000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 66 (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	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)								
\rangle	Kindred Healthcare, Inc. PAC								
Α.	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: PR109418378552					
	Georgetown	IN	47122	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		45.00					
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fir	n n Sys Dev						
	Receipt For:		e Year-to-Date V						
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)					
В.	Full Name (Last, First, Middle Initial) Richard E Chapman			Date of Receipt					
	Mailing Address 11200 Bodley Drive			M M / D D / Y					
	City	State	Zip Code						
	Louisville	KY	40223	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		210.00					
	Name of Employer Kindred Healthcare Inc.	Occupation							
	Receipt For:		Chief Adm&InfoOff e Year-to-Date ▼	_					
	Primary General	Aggregate		P/R Deduction (\$70.00 Bi-					
	Other (specify)	0 0	1400.00	Weekly)					
с.	Full Name (Last, First, Middle Initial) Edward L Kuntz			Date of Receipt					
	Mailing Address 8807 Stable Crest Boule	evard		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109418398552					
	Houston	TX	77024	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		300.00					
	Name of Employer Kindred Healthcare Inc.		e Chairman						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	2000.00	P/R Deduction (\$100.00 Bi- Weekly)					
s	UBTOTAL of Receipts This Page (optional)		·····	555.00					
	OTAL This Period (last page this line number or								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 66 (check only one)					
11			Detailed Summary Page	X 11a 11b 11c 12					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.					
\sum	NAME OF COMMITTEE (In Full)								
\geq	Kindred Healthcare, Inc. PAC			_					
Α.	Full Name (Last, First, Middle Initial) David R Windhorst			Date of Receipt					
	Mailing Address 2000 Spring Farms Roa	d		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109418508552					
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			120.00					
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	r cial Sys Dev						
	Receipt For:		Year-to-Date V						
	Primary General Other (specify) v		800.00	P/R Deduction (\$40.00 Bi- Weekly)					
в.	Full Name (Last, First, Middle Initial) Lawrence I Wolf			Date of Receipt					
	Mailing Address 4826 N Winthrop Ave #3	3S		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109418518552					
	Chicago		60640	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		60.00					
	Name of Employer Kindred Healthcare Inc.	Occupation	h Appl-Data Arch						
	Receipt For:		Year-to-Date V						
	Primary General Other (specify) ▼	0 0 0 0	400.00	P/R Deduction (\$20.00 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: PR109418538552					
	Indianapolis	IN	46231	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		45.00					
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir (n Clin Ops-HD	7					
	Receipt For: Aggr Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)					
s	UBTOTAL of Receipts This Page (optional)			225.00					
Т	OTAL This Period (last page this line number or	וא)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 9 / 66 (check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12						
				13	14		15	16	17	
	ly information copied from such Reports and Sta for commercial purposes, other than using the n									
$\left \right\rangle$	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	Kindred Healthcare, Inc. PAC									
Α.	Full Name (Last, First, Middle Initial) Katheryn J Markham			Date of	Receipt					
	Mailing Address 10602 Taylor Farm Ct				/ D					
	City	State	Zip Code		ction ID:				52	
	Prospect	KY	40059	Amoun	t of Each	Recei	pt this F	'eriod		
	FEC ID number of contributing federal political committee.	C						105.0	00	
	Name of Employer Kindred Healthcare Inc.	Occupation	n anning&FieldSvcs							
	Receipt For:		e Year-to-Date V							
	Primary General Other (specify) v		700.00	P/R Deduction (\$35.00 Bi- Weekly)						
 B	Full Name (Last, First, Middle Initial) Janis L Mahoney			Date of	Receipt					
5.	Mailing Address 3403 S. Highway 53									
	City	State	Zip Code	Transa	Transaction ID: PR109418588552					
	LaGrange	KY	40031	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	60.00					0		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te								
	Receipt For:	Aggregate								
	Other (specify)	0 0	260.00	P/R Dee Weekly	P/R Deduction (\$20.00 Bi- Weekly)					
<u>с.</u>	Full Name (Last, First, Middle Initial) Catherine A Gooch			Date of	Receipt					
	Mailing Address 14516 Clear Meadow Co	leadow Court			/ D	D /	YY	Y	Y	
	City	State	Zip Code	Transa	ction ID:	PR1	094185	5985	52	
	Louisville	KY	40245	Amoun	t of Each	Recei	ipt this F	'eriod		
	FEC ID number of contributing federal political committee.	C			1 1			60.0	00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin S	ys Dev							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	400.00 P/R Deduction (\$20.00 Bi- Weekly)						
	UBTOTAL of Receipts This Page (optional)						2	25.0	0	
				-						
ΙT	OTAL This Period (last page this line number or	11 y)						_		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 66				
	EMIZED RECEIPTS	or each category of the		(check only one)				
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Ar	ny information copied from such Reports and St	atements may	y 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							
	Kindred HealthCare, Inc. FAC							
^	Full Name (Last, First, Middle Initial) Patrick J Gillenwater			Date of Receipt				
А.	Mailing Address 402 Erin Drive							
		<u></u>						
	City Jeffersonville	State IN	Zip Code 47130	Transaction ID: PR109418648552				
			47130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		52.50				
	Name of Employer Kindred Healthcare Inc.	Occupatio Adm Dir	ⁿ IS Admin					
	Receipt For:	Aggregate	e Year-to-Date V					
	Primary General		350.00	P/R Deduction (\$17.50 Bi-				
	Other (specify)	0 0		Weekly)				
в.	Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt				
	Mailing Address 4706 Wolfcreek Pkwy							
	City	State	Zip Code					
	Louisville	KY	40241	Transaction ID: PR109418748552 Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.			90.00				
	Name of Employer Kindred Healthcare Inc.	Occupatio	n	-				
		_	n Sys Dev					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼		600.00	P/R Deduction (\$30.00 Bi- Weekly)				
C.	Full Name (Last, First, Middle Initial) Deborah F Rickert			Date of Receipt				
	Mailing Address 7003 Shallow Lake Roa	ad		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109418778552				
	Prospect	KY	40059	Amount of Each Receipt this Period				
	FEC ID number of contributing	0		60.00				
	federal political committee.	C						
	Name of Employer Kindred Healthcare Inc.	Occupatio		7				
	Receipt For:		n Sys Dev e Year-to-Date ▼	_				
	Primary General	, iggi egale		P/R Deduction (\$20.00 Bi-				
	Other (specify) v		400.00	Weekly)				
s	UBTOTAL of Receipts This Page (optional)		·····	202.50				
\vdash								
Т	OTAL This Period (last page this line number of	only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 11 / 66 (check only one)					
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
Δr	y information copied from such Reports and Sta	tomonte may	y not be sold or used by any perso	13 14 15 16 17					
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.					
Ν	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	Kindred Healthcare, Inc. PAC								
A.	Full Name (Last, First, Middle Initial) Charles Wardrip			Date of Receipt					
	Mailing Address 2805 Chestnut Ridge Pl	ace		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109418798552					
	Louisville	KY	40245	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			105.00					
	Name of Employer Kindred Healthcare Inc.	Occupation	n os & Telecomm						
	Receipt For:		e Year-to-Date V						
	Primary General		695.00	P/R Deduction (\$35.00 Bi-					
	Other (specify)	0 0		Weekly)					
в.	Full Name (Last, First, Middle Initial) Stephen M Dobler			Date of Receipt					
	Mailing Address 1106 Holly Springs Drive	e		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109418808552					
	Louisville	KY	40242	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		135.00					
	Name of Employer Kindred Healthcare Inc.	Occupation	n nance & Admin						
	Receipt For:	-	e Year-to-Date V						
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$45.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial)			-					
C.	Terry Carrico			Date of Receipt					
	Mailing Address 3311 Cobblers Ct			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109418828552					
	New Albany	IN	47150	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		60.00					
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Cli	ⁿ in Systems Dev						
			e Year-to-Date 🔻						
			400.00	P/R Deduction (\$20.00 Bi- Weekly)					
s	LUBTOTAL of Receipts This Page (optional)		·····	300.00					
\vdash	OTAL This Period (last page this line number of		r						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 12/66 (check only one)				
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12				
Δ.	y information copied from such Reports and Sta	tements may	not be sold or used by any porce	13 14 15 16 17				
	for commercial purposes, other than using the n							
\sum	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	Kindred Healthcare, Inc. PAC							
Α.	Full Name (Last, First, Middle Initial) Steven J Paynter			Date of Receipt				
	Mailing Address 3105 Crestmoor Court			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109418848552				
	Prospect	KY	40059	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer Kindred Healthcare Inc.	Occupation						
			Tech Arch					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Deduction (\$20.00 Bi				
	Other (specify)	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)				
в.	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	State	Zip Code	Transaction ID: PR109418918552				
	Phillips Ranch	CA	91766	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		75.00				
	Name of Employer Kindred Healthcare Inc.	Occupation						
	Receipt For:	, v	losp Rehab-PRS Pear-to-Date ▼					
	Primary General	Aggregate		P/R Deduction (\$25.00 Bi-				
	Other (specify)	0 0	500.00	Weekly)				
с.	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: PR109418938552				
	Lindenhurst		60046	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 Fin		_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.00 Bi-				
	Other (specify) v		285.00	Weekly)				
s	UBTOTAL of Receipts This Page (optional)			165.00				
Т	OTAL This Period (last page this line number or	nly)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/66		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
II EIMIZED RECEIPIS			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any persidents 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					
\square						
Α.	Full Name (Last, First, Middle Initial) Linn Billingsley			Date of Receipt		
	Mailing Address P.O. Box 122					
	City Blue Diamond	State	Zip Code	Transaction ID: PR109418988552		
		NV	89004	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer Kindred Healthcare Inc.	Occupatio	n			
		Executive	-			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		380.00	P/R Deduction (\$20.00 Bi- Weekly)		
		0 0				
_	Full Name (Last, First, Middle Initial)					
в.	Jan Turk Mailing Address 1314 Amelia St.			Date of Receipt		
	Maining Address 1314 Ameria St.			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419008552		
	New Orleans	LA	70115	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		40.00		
	federal political committee.					
	Name of Employer Kindred Healthcare Inc.	Occupatio				
		Chief Exe				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Daduction (\$20.00 Di		
	Other (specify)		380.00	P/R Deduction (\$20.00 Bi- Weekly)		
				1		
~	Full Name (Last, First, Middle Initial)			Dete of Dessint		
C.	Jack Shapiro Mailing Address 22591 Covington Drive			Date of Receipt		
	City	State	Zip Code	Transaction ID: PR109419048552		
	Deer Park	IL	60010	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		60.00		
	Name of Employer Kindred Healthcare Inc. Receipt For: Primary General		n D'a			
			e Dir e Year-to-Date ▼			
				P/R Deduction (\$30.00 Bi-		
Other (specify) ▼			570.00	Weekly)		
				140.00		
s	UBTOTAL of Receipts This Page (optional)		······	- 140.00		
_	OTAL This Daried (last ages this line pumber of	alv)				
1 [OTAL This Period (last page this line number or	(II y)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	-	FOR LINE NUMBER: PAGE 14 / 66 (check only one)				_		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a		۰Ľ	-	1c	12	_	
				13	14	L	1	_	16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
\square	Kindred Healthcare, Inc. PAC										
A.	Full Name (Last, First, Middle Initial) Linda Tiemens			Date o	f Receip	t					
	Mailing Address 100 Forest Place #P-39			MW			/		ÝÝ		
	City	State	Zip Code	Transa	ction ID	: PF	R10	9419	0785	52	
	Oak Park	IL	60301	Amour	nt of Eac	h Re	eceip	ot this	Period		
	FEC ID number of contributing federal political committee.	C							90.0	0	
	Name of Employer Kindred Healthcare Inc.	Occupation	n MW Reg-HD								
	Receipt For:		e Year-to-Date ▼	_							
	Primary General		600.00	P/R De	ductior	(\$3	30.0	00 Bi-			
	Other (specify)	0 0	600.00	Weekly	()						
в.	Full Name (Last, First, Middle Initial) Theodore Welding			Date o	f Receip	t					
	Mailing Address 2448 Middle River Dr.		MN	M M / D D / Y Y Y Y							
	City	State	Zip Code	Transa	ction ID	: PF	R10	9419	1385	52	
	Ft. Lauderdale	FL	33305	Amour	nt of Eac	h Re	eceip	ot this	Period		_
	FEC ID number of contributing federal political committee.	C							75.0	0	
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe									
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify)	0 0	500.00	P/R De Weekly	P/R Deduction (\$25.00 Bi- Weekly)						
	Full Name (Last, First, Middle Initial) Frank Battafarano			Date o	f Receip	ŀ					
•	Mailing Address 2700 Little Hills Lane			M _ M	· ·		1	ΥY	γY	Y	
	City	State	Zip Code	Transa	ction ID	: Pf	R10	9419	1985!	52	
	Anchorage	KY	40223		nt of Eac						
	FEC ID number of contributing federal political committee.	C							150.0	00	
	Name of Employer Kindred Healthcare Inc.		n & President-HD								
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Other (specify)		1000.00	P/R De Weekly	ductior /)	(\$5	50.0	0 Bi-			
	UBTOTAL of Receipts This Page (optional)								315.0	0	7
F	UDIVIAL OF RECEIPTS THIS FAYE (UPHONIA)		••••••	-							i
т	OTAL This Period (last page this line number of	nly)		. L.							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 15/66 (check only one) X 11a 11b 11c 12					
			Detailed Summary Faye						
	y information copied from such Reports and Stat for commercial purposes, other than using the n								
Ν	NAME OF COMMITTEE (In Full)								
\langle	Kindred Healthcare, Inc. PAC								
Α.	Full Name (Last, First, Middle Initial) Sean R Muldoon			Date of Receipt					
	Mailing Address 5800 Brittany Valley Roa	ad		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109419228552					
	Louisville	KY	40222	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		150.00					
	Name of Employer Kindred Healthcare Inc.	Occupation	n Chief Med Off-HD						
	Receipt For:		Year-to-Date V	_					
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$50.00 Bi- Weekly)					
в.	Full Name (Last, First, Middle Initial) James L Lindberg			Date of Receipt					
	Mailing Address 11119 Brook Stone Court	ť		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109419258552					
	Louisville	KY	40223	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:	, v	Facilities-HD Year-to-Date ▼						
	Primary General	Aggregate		P/R Deduction (\$20.00 Bi-					
	Other (specify)	0 0	400.00	Weekly)					
с.	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					
	City	State	Zip Code	Transaction ID: PR109419308552					
	Milltown	IN	47145	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		45.00					
	Kindrod Hoolthéara Inc		n Ire Sys & Capital						
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)					
s	SUBTOTAL of Receipts This Page (optional)								
Т	OTAL This Period (last page this line number or	ıly)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 66 (check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
·				13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)						
\square	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Joel W Day			Date of Receipt			
	Mailing Address 2017 Spring Farms Driv	е		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419318552			
	Floyd Knobs	IN	47119	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n htroller-HD				
	Receipt For:		e Year-to-Date ▼				
	Primary General	50 0		P/R Deduction (\$15.00 Bi-			
	Other (specify)	0 0	300.00	Weekly)			
в.	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: PR109419338552			
	Louisville	KY	40207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n Communications				
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)			
<u></u>	Full Name (Last, First, Middle Initial) Theresa M Graham			Date of Receipt			
	Mailing Address 1203 Falls Creek Landir	ng					
	City	State	Zip Code	Transaction ID: PR109419358552			
	New Ablany	IN	47150	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.	Occupation VP Comp					
			e Year-to-Date 🔻	7			
			270.00	P/R Deduction (\$15.00 Bi- Weekly)			
s	LUBTOTAL of Receipts This Page (optional)		·····	150.00			
⊢	OTAL This Period (last page this line number or		•				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/66 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	y information copied from such Reports and Stat for commercial purposes, other than using the na			on for the purpose of soliciting contributions			
$\left[\right]$	NAME OF COMMITTEE (In Full)						
\backslash	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Charles Michael Grannan			Date of Receipt			
	Mailing Address 7109 Cannonade Court			M * M / D * D / Y * Y * Y			
	City	State	Zip Code	Transaction ID: PR109419398552			
	Prospect	KY	40059	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		84.00			
	Name of Employer Kindred Healthcare Inc.	Occupation		-			
	Receipt For:		PYear-to-Date ▼	-			
	Primary General		560.00	P/R Deduction (\$28.00 Bi-			
	Other (specify)	0 0	300.00	Weekly)			
в.	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: PR109419408552			
	Louisville	KY	40207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n ations-KPS				
	Receipt For:		Year-to-Date ▼	-			
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)			
	Full Name (Last, First, Middle Initial) Dennis J Hansen			Date of Receipt			
0.	Mailing Address 1791 Connor Station Roa	ad					
	City	State	Zip Code	Transaction ID: PR109419418552			
	Simpsonville	KY	40067	Amount of Each Receipt this Period			
	Kindred Healthćare Inc. Receipt For:			105.00			
			n b-HSD				
			e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	700.00	P/R Deduction (\$35.00 Bi- Weekly)			
s	UBTOTAL of Receipts This Page (optional)		·····	249.00			
	OTAL This Period (last page this line number on		•				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 66 (check only one)			
IT	EMIZED RECEIPTS		or each category of the 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 or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	v 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.			
$\left[\right]$	NAME OF COMMITTEE (In Full)						
\backslash	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt			
	Mailing Address 6401 Orchid Hill Pl			M M / D D / Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419428552			
	Louisville	KY	40207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n General Counsel				
	Receipt For:		e Year-to-Date V	-			
	Primary General		400.00	P/R Deduction (\$20.00 Bi-			
	Other (specify)	0 0	400.00	Weekly)			
в.	Full Name (Last, First, Middle Initial) Mary L Dennison			Date of Receipt			
	Mailing Address 4678 Mount Eden Road						
	City	State	Zip Code	Transaction ID: PR109419488552			
	Shelbyville	KY	40065	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		52.50			
	Name of Employer Kindred Healthcare Inc.	Occupation Mor Reim					
	Receipt For:	- U	Year-to-Date V	_			
	Primary General Other (specify) ▼	0 0	350.00	P/R Deduction (\$17.50 Bi- Weekly)			
 C.	Full Name (Last, First, Middle Initial) Michael J Bean			Date of Receipt			
0.	Mailing Address 8011 Kendrick Crossing	Lane					
	City	State	Zip Code	Transaction ID: PR109419518552			
	Louisville	KY	40291	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			60.00			
	Name of Employer Kindred Healthcare Inc.	Occupation VP Tax F					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)			
s	UBTOTAL of Receipts This Page (optional)		·····	172.50			
	OTAL This Period (last page this line number or						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 19/66		
			Use separate schedule(s) or each category of the	(check only one)		
			Detailed Summary Page	X 11a 11b 11c 12		
٨٢	y information copied from such Reports and Sta	tomonte mo	unot be sold or used by any pore	13 14 15 16 17		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\geq	Kindred Healthcare, Inc. PAC					
Α.	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: PR109419548552		
	Louisville	KY	40241	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		90.00		
	Name of Employer Kindred Healthcare Inc.	Occupation VP Interr				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	596.00	P/R Deduction (\$30.00 Bi- Weekly)		
в.	Full Name (Last, First, Middle Initial) Stephanie J Warren			Date of Receipt		
	Mailing Address 2169 Balmer-Fenwick R	load		M • M / D • D / Y • Y • Y • Y		
	City	State	Zip Code	Transaction ID: PR109419578552		
	Floyds Knobs	IN	47119	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer Kindred Healthcare Inc.	Occupation	n cility Mgmt	7		
	Receipt For:		e Year-to-Date V			
	Primary General	gg. oguit		P/R Deduction (\$15.00 Bi-		
	Other (specify)		300.00	Weekly)		
С.	Full Name (Last, First, Middle Initial) Teri A Hartlage			Date of Receipt		
	Mailing Address 5600 Bradbe Meadows	Way		M M / D D / Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109419588552		
	Fisherville	KY	40023	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
	Name of Employer Kindred Healthcare Inc.	Occupation Asst Trea				
	Receipt For:		e Year-to-Date ▼	-		
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)		
s	UBTOTAL of Receipts This Page (optional)			195.00		
L'	OTAL This Period (last page this line number o	····y) ······	·····			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 66 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
\mathbb{N}	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) John Lucchese			Date of Receipt			
	Mailing Address 14401 Broad Oak Place			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419598552			
		KY	40245	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		99.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n Fin & Controller				
	Receipt For:		e Year-to-Date 🔻				
	Other (specify)	0 0	660.00	P/R Deduction (\$33.00 Bi- Weekly)			
в.	Full Name (Last, First, Middle Initial) Rose M Michels			Date of Receipt			
	Mailing Address 6503 Chenoweth Run R	oad		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419608552			
	Louisville	KY	40299	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Tax C					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)			
<u></u> с.	Full Name (Last, First, Middle Initial) Richard A Lechleiter			Date of Receipt			
	Mailing Address 601 Club Lane			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419628552			
	Louisville	KY	40207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		225.00			
	Kindred Healthćare Inc.		n & CFO				
			e Year-to-Date V				
	Other (specify)	0 0	1500.00	P/R Deduction (\$75.00 Bi- Weekly)			
5	UBTOTAL of Receipts This Page (optional)			369.00			
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1 "	OTAL This Period (last page this line number or	····y)					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 21 / 66			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	rot 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						
<u>́</u> А.	Full Name (Last, First, Middle Initial) Joseph Landenwich			Date of Receipt			
	Mailing Address 2213 Wrocklage Ave.			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419638552			
	Louisville	KY	40205	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		180.00			
	Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpl	n .egalAffairs&CrpSec				
	Receipt For:		Year-to-Date ▼	_			
	Primary General		1000.00	P/R Deduction (\$60.00 Bi-			
	Other (specify) v	0 0	1200.00	Weekly)			
в.	Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt			
	Mailing Address 8325 Regency Woods V	Vay		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419648552			
	Louisville	KY	40220	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		57.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n eimbursement				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$19.00 Bi- Weekly)			
<u></u>	Full Name (Last, First, Middle Initial) Ruth Ann Lusk			Date of Receipt			
	Mailing Address 1800 Acorn Lane			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419658552			
	Lagrange	KY	40031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Kindred Healthćare Inc.		n Ist Reg-HD				
			Year-to-Date ▼	P/R Deduction (\$15.00 Bi-			
_	Other (specify) v		300.00	Weekly)			
s	UBTOTAL of Receipts This Page (optional)			282.00			
Т	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/66			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
A	y information copied from such Reports and Sta	tomonto mo	, not be cold or used by any perce	13 14 15 16 17			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
	Kindred Healthcare, Inc. PAC						
Α.	Full Name (Last, First, Middle Initial) Charles E Leanhart			Date of Receipt			
	Mailing Address 1200 Twin Willows Lane	9		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419668552			
	Louisville	KY	40214	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ac	n cts Payable	-			
	Receipt For:		e Year-to-Date ▼				
	Primary General		400.00	P/R Deduction (\$20.00 Bi-			
	Other (specify)	0 0	400.00	Weekly)			
в.	Full Name (Last, First, Middle Initial) Linda M O'Bryan			Date of Receipt			
	Mailing Address 1001 Willow Creek Cour	rt		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419678552			
	Louisville	KY	40245	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.	Occupation		_			
			tientCare&QualHD ≥ Year-to-Date ▼	_			
	Receipt For: Primary General	Aggregate	e Year-to-Date V	D/D Daduction (#15.00 Di			
	Other (specify)	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)			
<u>с.</u>	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: PR109419688552			
	Louisville	KY	40207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Pla	n anning & Dev				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	1 I 1 1	400.00	P/R Deduction (\$20.00 Bi- Weekly)			
s	LUBTOTAL of Receipts This Page (optional)		·····	165.00			
	OTAL This Period (last page this line number of		r				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23/66			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
Δr	y information copied from such Reports and Sta	atemente mai	y not be sold or used by any perce	13 14 15 16 17			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	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: PR109419718552			
		KY	40245	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		93.00			
	Name of Employer Kindred Healthcare Inc.	Occupation VP Crp F					
	Receipt For:		e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	620.00	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: PR109419728552			
	Louisville	KY	40223	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.	Occupation	n a Real Estate Dev				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)			
 C.	Full Name (Last, First, Middle Initial) Brian L Caudill			Date of Receipt			
	Mailing Address 4817 Stanley Farm Cou	urt		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109419738552			
	LaGrange	KY	40031	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		78.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HE					
	Receipt For:		e Year-to-Date V				
	Other (specify) ▼	0 0	520.00	P/R Deduction (\$26.00 Bi- Weekly)			
s	UBTOTAL of Receipts This Page (optional)			216.00			
	TOTAL This Period (last page this line number only)						

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 66	
ITEMIZED RECEIPTS		or each category of the		(check only one) X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	Kindred Healthcare, Inc. PAC				
<u>́А</u> .	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	State	Zip Code	Transaction ID: PR109419768552	
	Louisville	KY	40291	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		66.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Acco	n unting-HSD		
	Receipt For:	Aggregate	e Year-to-Date V		
	Primary General Other (specify) ▼	0 0	440.00	P/R Deduction (\$22.00 Bi- Weekly)	
в.	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: PR109419808552	
	Louisville	KY	40241	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		120.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio			
	Receipt For:	- !	plGovtProg&IntAudit ≥ Year-to-Date ▼	_	
	Primary General	Aggregate		P/R Deduction (\$40.00 Bi-	
	Other (specify)	0 0	800.00	Weekly)	
с.	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: PR109419838552	
	<u>El Cajon</u>	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:	-	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)	
s	UBTOTAL of Receipts This Page (optional)			216.00	
	OTAL This Period (last page this line number c		· · · · · · · · · · · · · · · · · · ·		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 25 / 66 (check only one)					
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page		X 11a 11b 11c 12					
			Detailed Outfindary Page	13 14 15 16 1	7				
	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.								
\mathbf{N}	NAME OF COMMITTEE (In Full)								
	Kindred Healthcare, Inc. PAC								
Α.	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: PR109419988552					
	Indianapolis	IN	46236	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		45.00					
	Name of Employer Kindred Healthcare Inc.	Occupation	ce-Central RegHSD						
	Receipt For:	1	Year-to-Date V						
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)					
в.	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	State	Zip Code	Transaction ID: PR109420018552					
	<u>Sparta</u>	TN	38583	Amount of Each Receipt this Period	_				
	FEC ID number of contributing federal political committee.	C		45.00					
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C) Operations II	_					
	Receipt For:		Year-to-Date V						
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial) T. Stephen Turner			Date of Receipt					
•.	Mailing Address 680 South Fourth Ave								
		Chata	Zin Oode						
	City Louisville	State KY	Zip Code 40202	Transaction ID: PR109420038552 Amount of Each Receipt this Period					
	FEC ID number of contributing		40202		1				
	federal political committee.	C		120.00	1				
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrat	n egicPlan&BusDevHD						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)					
s	UBTOTAL of Receipts This Page (optional)		·····	210.00]				
T	OTAL This Period (last page this line number or	וא)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 66
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
	Kindred Healthcare, Inc. PAC			
<u>́А.</u>	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: PR109420048552
	Irvine	CA	92620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finar	n nce-West Reg-HD	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	700.00	P/R Deduction (\$35.00 Bi- Weekly)
В.	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	State	Zip Code	Transaction ID: PR109420058552
	Midlothian	TX	76065	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 Fin		
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)
	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	State	Zip Code	Transaction ID: PR109420068552
	Fairoaks	CA	95628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-W	ⁿ est Reg-HD	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	0 0	1980.00	P/R Deduction (\$100.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		······	435.00
т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 66 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
A	winformation conied from such Departs and Ct	tomonto mo	, not be cold or used by only perce	13 14 15 16 17		
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	Kindred Healthcare, Inc. PAC					
Α.	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	State	Zip Code	Transaction ID: PR109420078552		
	Chicago	IL	60657	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		255.00		
	Name of Employer Kindred Healthcare Inc.	Occupation	n West Grp-HD			
	Receipt For:		e Year-to-Date V	-		
	Primary General Other (specify) ▼	U U U	1700.00	P/R Deduction (\$85.00 Bi- Weekly)		
в.	Full Name (Last, First, Middle Initial) Mark A McCullough			Date of Receipt		
	Mailing Address 1101 Old Cannons Lane	e		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR109420118552		
	Louisville	KY	40207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		120.00		
	Name of Employer Kindred Healthcare Inc.	Occupation President				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	800.00	P/R Deduction (\$40.00 Bi- Weekly)		
	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: PR109420158552		
	Louisville	KY	40223	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		45.00		
	Name of Employer Kindred Healthcare Inc.	Occupation VP Clin (n Dps-CentralRegHSD			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)		
s	LUBTOTAL of Receipts This Page (optional)		·····	420.00		
T T	OTAL This Period (last page this line number o	nly)				

50	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 66	
			Use separate schedule(s) or each category of the	(check only one)	
11	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)			Solicit contributions from such committee.	
$ \rangle$	Kindred Healthcare, Inc. PAC				
	Kindled Healthcare, Inc. FAC				
<u> </u>	Full Name (Last, First, Middle Initial)				
Α.	John Miner			Date of Receipt	
	Mailing Address 4730 Dunnie Drive			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109420218552	
	Tampa	FL	33614	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		60.00	
	Name of Employer	Occurrentia			
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Fir			
	Receipt For:		e Year-to-Date ▼		
	Primary General	33 - 3		P/R Deduction (\$20.00 Bi-	
	Other (specify)	0 0	400.00	Weekly)	
				-	
D	Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Bossint	
ь.	Mailing Address 5224 Hampton Beach F	Diaco		Date of Receipt	
	Maining Address 5224 Hampton Deach F	lace			
	City	State	Zip Code	Transaction ID: PR109420248552	
	Tampa	FL	33609	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		75.00	
	federal political committee.				
	Name of Employer Kindred Healthcare Inc.	Occupatio	n	-	
	Kindred Healthcare Inc.	Executiv	e Dir		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		500.00 P/R Deduction (\$25.00 Bi		
	Other (specify)	0 0		Weekly)	
	Full Name (Last, First, Middle Initial)				
C.	Mary Craig			Date of Receipt	
	Mailing Address 18602 Camellia Estates	s Lane		M · M / D · D / Y · Y · Y · Y	
		04-1-	Zin Oada		
	City Cypress	State TX	Zip Code 77429	Transaction ID: PR109420268552	
			11423	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Ex			
			e Year-to-Date V		
				P/R Deduction (\$15.00 Bi-	
	Other (specify)		285.00	Weekly)	
		4			
s	UBTOTAL of Receipts This Page (optional)		······	165.00	
T	OTAL This Period (last page this line number of	only)	P		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 66	
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
11			Detailed Summary Page	X 11a 11b 11c 12	
Δ	winformation copied from such Departs and O	tomonto	unot be cold or used by says a	13 14 15 16 17	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC				
Α.	Full Name (Last, First, Middle Initial) Julie Feasel			Date of Receipt	
	Mailing Address 6211 Iroquios Ct.			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109420308552	
	Odessa	FL	33556	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		45.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir I	n Hosp Rehab-PRS		
	Receipt For:		e Year-to-Date V	\neg	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)	
в.	Full Name (Last, First, Middle Initial) Charles D Doten			Date of Receipt	
	Mailing Address 7644 Harbour Blvd.				
	City	State	Zip Code	Transaction ID: PR109420368552	
	Miramar	FL	33023	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) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)	
с.	Full Name (Last, First, Middle Initial) John Gross			Date of Receipt	
	Mailing Address 6133 Rolfe Avenue				
	City	State	Zip Code	Transaction ID: PR109420398552	
	Norfolk	VA	23508	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Pharm M			
	Receipt For:		e Year-to-Date V		
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)	
s	I UBTOTAL of Receipts This Page (optional)		······	115.00	
				-	
	OTAL This Period (last page this line number o				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 66 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 & 14 \\ \hline 15 & 16 \\ \hline 17 \\ \hline \end{array}$			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	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.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC						
<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: PR109420438552			
	Grn Cve Spgs	FL	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					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)			
в.	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: PR109420468552			
	Fayetteville	GA	30214	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					
	Receipt For:		e Year-to-Date ▼	_			
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)			
<u>с</u> .	Full Name (Last, First, Middle Initial) James J Novak			Date of Receipt			
	Mailing Address 9680 Ridgewalk Court			M M / D D / Y Y Y			
	City	State	Zip Code	Transaction ID: PR109420538552			
	Davie	FL	33328	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		126.00			
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-	ⁿ -East Grp-HD				
	Receipt For:		e Year-to-Date 🔻				
	Other (specify) ▼	0 0	840.00	P/R Deduction (\$42.00 Bi- Weekly)			
s	LUBTOTAL of Receipts This Page (optional)		······	196.00			
\vdash	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 31 / 66 (check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Kindred Healthcare, Inc. PAC						
A.	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: PR109420578552			
	Riverview	FL	33569	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Exc		_			
	Receipt For:	Aggregate	e Year-to-Date V	_			
	Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)			
В.	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: PR109420688552			
	Boerne	TX	78006	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		60.00			
	Name of Employer Kindred Healthcare Inc.	Occupatio Chief Exe		_			
	Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)			
<u></u> с.	Full Name (Last, First, Middle Initial) Donna Kelsey			Date of Receipt			
	Mailing Address 2075 E. Tivoli Hills Driv	'e		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR109421018552			
	Draper	UT	84020	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		75.00			
	Name of Employer Kindred Healthcare Inc.	Occupatio Sr VP-Pa	n acific Reg-HSD				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	500.00	P/R Deduction (\$25.00 Bi- Weekly)			
s	UBTOTAL of Receipts This Page (optional)			180.00			
\vdash	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 32 / 66 (check only one)				
11	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
Δr	winformation conied from such Reports and Sta	tomonte may		13 14 15 16 17				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm								
\sum	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	Kindred Healthcare, Inc. PAC							
A.	Full Name (Last, First, Middle Initial) Katherine Davis			Date of Receipt				
	Mailing Address 8419 Oxford Woods Cou	urt		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109421028552				
	Louisville	KY	40222	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		45.00				
	Name of Employer Kindred Healthcare Inc.	Occupation	n Is Dev & MktingHS					
	Receipt For:		e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)				
в.	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				
	City	State	Zip Code	Transaction ID: PR109421108552				
	Chesapeake	VA	23325	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer Kindred Healthcare Inc.	Occupation Executive						
	Receipt For:	Aggregate	e Year-to-Date V					
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)				
<u></u>	Full Name (Last, First, Middle Initial) Donna M Nackers			Date of Receipt				
-	Mailing Address 1760 Waters Ferry Drive	9		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109421258552				
	Lawrenceville	GA	30043	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		45.00				
	Name of Employer O Kindred Healthcare Inc. R		ⁿ Operation Reimb					
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)				
s	UBTOTAL of Receipts This Page (optional)		·····	130.00				
Т	OTAL This Period (last page this line number or	וy)						

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 66				
	•		Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
•	information control for the Decederation 10:		, weak have a solid leave to a solid leave to a solid					
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	riot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\rangle	Kindred Healthcare, Inc. PAC							
Α.				Date of Receipt				
	Mailing Address 35 Farrington Ave			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109421268552				
	Gloucester	MA	01930	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Northeast Region	Occupation VP Finan	n ice-NE Reg-HSD					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼		235.00	P/R Deduction (\$10.00 Bi- Weekly)				
В.	Full Name (Last, First, Middle Initial) Victor Emodi			Date of Receipt				
	Mailing Address 3044 Clarke Drive			M M / D D / Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR109421288552				
	Virginia Beach	VA	23456	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		45.00				
	Name of Employer Kindred Healthcare Inc.	Occupation						
	Receipt For:		Dperations I					
	Primary General	, iggi ogalo		P/R Deduction (\$15.00 Bi-				
_	Other (specify) 🔻		300.00	Weekly)				
с.	Full Name (Last, First, Middle Initial) Celeste M Bentley			Date of Receipt				
	Mailing Address 4 Stuart Drive							
	City	State	Zip Code	Transaction ID: PR109421338552				
	Barrington	NH	03825	Amount of Each Receipt this Period				
	Kindred Healthčare Inc. Receipt For:			45.00				
			ո b-HSD					
			e Year-to-Date V					
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)				
s	LUBTOTAL of Receipts This Page (optional)			120.00				
	TOTAL This Period (last page this line number only)							
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 66
			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	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 lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
Α.	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: PR109421368552
	Louisville	KY	40202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP	a & President-HSD	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	P/R Deduction (\$50.00 Bi- Weekly)
в.	Full Name (Last, First, Middle Initial) Michael W Beal			Date of Receipt
	Mailing Address 10 Glenwood Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421418552
	Windham	NH	03087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Northeast Region	Occupation Sr VP-NE	n E Reg-HSD	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		440.00	P/R Deduction (\$20.00 Bi- Weekly)
<u></u>	Full Name (Last, First, Middle Initial) Susan A Kesterson			Date of Receipt
	Mailing Address 2334 Heritage Dr			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR109421628552
	Corona	CA	92882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Fina	ncial Ana	
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			255.00
Т	OTAL This Period (last page this line number or	וא)	·····	

5				FOR LINE NUMBER: PAGE 35 / 66	
	CHEDULE A (FEC Form 3X)		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	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any personner of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	Kindred Healthcare, Inc. PAC				
\bigvee					
-	Full Name (Last, First, Middle Initial)				
А.	Sylvia Burton			Date of Receipt	
	Mailing Address 433 S. Plantation			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109421768552	
	Cookeville	TN	38506	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		30.00	
	federal political committee.	C			
	Name of Employer Kindred Healthcare Inc.	Occupatio	ו	-	
	Kindred Healthćare Inc.	Executive			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General	1	300.00	P/R Deduction (\$15.00 Bi-	
	Other (specify)	0 0		Weekly)	
	Full Name (Last, First, Middle Initial)				
В.	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: PR109421998552	
	Goshen	KY	40026	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			45.00	
	Name of Employer Kindred Healthcare Inc.	Occupation			
		-	Deprations I		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	D/D Daduction (#15.00 Di	
	Other (specify)		300.00	P/R Deduction (\$15.00 Bi- Weekly)	
		0 0			
_	Full Name (Last, First, Middle Initial)				
C.	Norine Cross			Date of Receipt	
	Mailing Address 204 Highland Trail			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR109422178552	
	Chapel Hill	NC	27516	Amount of Each Receipt this Period	
	FEC ID number of contributing	^		40.00	
	federal political committee.	C		40.00	
	Name of Employer Kindred Healthcare Inc.	Occupation	ו		
	Kindred Healthćare Inc.		Rehab-PRS		
	Receipt For:		e Year-to-Date 🔻		
	Primary General	1	380.00	P/R Deduction (\$20.00 Wee-	
	Other (specify)			kly)	
5	UBTOTAL of Receipts This Page (optional)			115.00	
Ĕ			•		
Т	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 66 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)				
\rangle	Kindred Healthcare, Inc. PAC			
Α.	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	State Zip Code		Transaction ID: PR109422218552
	Cary	NC	27513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation) Operations I	
	Receipt For:	Aggregate Year-to-Date ▼		-
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Bi- Weekly)
в.	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	State	Zip Code	Transaction ID: PR109422288552
	Medway	MA	02053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir S	n Sales & MktingHSD	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)
 C.	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 State Zip Code		Transaction ID: PR109422308552	
	Vestavia Hill	AL	35216	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 Finan	n ce-South Reg-HSD	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)	180.00		
TOTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	-	FOR LINE NUMBER: PAGE 37 / 66 (check only one)								
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page			X 11a 11b 11c 12							
					13		14		15] 16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the n									;			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	Kindred Healthcare, Inc. PAC												
Α.	Full Name (Last, First, Middle Initial) Ronald D Long				Date of	Rec	ceipt						
	Mailing Address 148 Cheyenne Road				MM	/	D	D		YY	Y	Y	
	City	State	Zip Code		Transad	ction	n ID:	PR	109	4224	15855	52	
	Shelbyville	KY	40065	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc.			45.0					0				
			n Contract Admin										
	Receipt For:	-	e Year-to-Date ▼										
	Primary General Other (specify) ▼		300.00	F	P/R Deo Veekly	duct)	tion (\$15	5.00	Bi-			
		L00	<u>v 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>										
В.	Full Name (Last, First, Middle Initial) Stephen F. Stoess				Date of	Rec	ceipt						
	Mailing Address 705 Sentry Way				M M / D D / Y Y Y Y								
	City	State	- ·	Transaction ID: PR109422468552									
	Louisville		40223	Amount of Each Receipt this				this F	Period				
	FEC ID number of contributing federal political committee.	C									70.2	0	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Te	n lecommunications										
	Receipt For:	Aggregate	e Year-to-Date 🔻										
	Primary General Other (specify) ▼	U U U	468.00] F	P/R Deo Veekly	duct)	tion (\$23	3.40	Bi-			
<u> </u>	Full Name (Last, First, Middle Initial) James E. Bell			+	Date of	Rer	ceint						
	Mailing Address 14213 Aiken Road				M M	/	D	D	/ [ΥΥ	Y	Y	
	City	State	Zip Code	1.	Transad	ction	n ID:	PR	109	4225	50855	52	
	Louisville	KY	40245		Amoun								
	FEC ID number of contributing federal political committee.	C					1				45.0	0	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div	n v Reimb-HD										
	Receipt For:	Aggregate	e Year-to-Date 🔻										
	Other (specify)	0 0	300.00		P/R Deo Veekly	duct)	tion (\$15	5.00	Bi-			
•	UBTOTAL of Receipts This Page (optional)									1	60.2	0	7
F	UDIVIAL OF RECEIPTS THIS FAYE (UPHONIAL)		•••••••	-						, i			ī
т	OTAL This Period (last page this line number of	nly)		•	L								

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 66 (check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	y information copied from such Reports and Sta for commercial purposes, other than using the n			pr for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
\langle	Kindred Healthcare, Inc. PAC								
Α.	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: PR109422558552					
	Palm Harbor	FL	34685	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			60.00					
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ph	n arm-SE Reg-KPS						
	Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)					
В.	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: PR109422588552					
	Louisville	KY	40241	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		45.00					
	Name of Employer Kindred Healthcare Inc.	Occupation VP Busin	n less Dev-HD						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)					
 C.	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: PR109422618552					
	Valrico	FL	33594	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	ec Off III						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0	380.00	P/R Deduction (\$20.00 Bi- Weekly)					
s	UBTOTAL of Receipts This Page (optional)		······	145.00					
	OTAL This Period (last page this line number or								

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 39 / 66								
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)						
			Detailed Summary Page	X 11a 11b 11c 12						
•	information control for such Devices 101									
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	riot 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									
Α.	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: PR109422628552						
	Crestwood	KY	40014	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		75.00						
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan								
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼	0 0	500.00	P/R Deduction (\$25.00 Bi- Weekly)						
в.	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 Y						
	City	State	Zip Code	Transaction ID: PR109422688552						
	Dandridge	TN	37725	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	Year-to-Date 🔻							
	Primary General Other (specify) ▼		295.00	P/R Deduction (\$15.00 Bi- Weekly)						
<u></u>	Full Name (Last, First, Middle Initial) Timothy R Eaton			Date of Receipt						
	Mailing Address 4252 Desert Highlands	Dr		M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR109422728552						
	<u>Sparks</u>	NV	89436	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		15.00						
	Name of Employer Kindred Healthcare Inc.	Occupation Pharmac								
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		255.00	P/R Deduction (\$15.00 Bi- Weekly)						
s	LUBTOTAL of Receipts This Page (optional)			120.00						
т	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)									

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 66						
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12						
			Detailed Summary Page	13 14 15 16 17						
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)									
	Kindred Healthcare, Inc. PAC									
Full Name (Last, First, Middle Initial) A. Catharine C Young				Date of Receipt						
	Mailing Address 6303 Deep Creek Drive			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR109422808552						
	Prospect	KY	40059	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		45.00						
Name of Employer Kindred Healthcare Inc.		Occupation	n ∟itigat Counsel							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼	U U U	300.00	P/R Deduction (\$15.00 Bi- Weekly)						
в.	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: PR109422918552						
	Louisville	KY	40222	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:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)						
<u></u>	Full Name (Last, First, Middle Initial) Gaylia Bond			Date of Receipt						
	Mailing Address 7015 Wooded Meadow F	Rd		M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR109422978552						
	Louisville	KY	40241	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		90.00						
	Name of Employer Kindred Healthcare Inc.	Occupation	n Iman Resources-HD							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi- Weekly)						
s	UBTOTAL of Receipts This Page (optional)			195.00						
Т	OTAL This Period (last page this line number on	ıly)								

	CHEDULE A (FEC Form 3X)		-	FOR LINE NUMBER: PAGE 41 / 66 (check only one)								
	EMIZED RECEIPTS	or each category of the Detailed Summary Page										
				13		14		15		16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	Kindred Healthcare, Inc. PAC											
Α.	Full Name (Last, First, Middle Initial) A. Keith Krein			Date	of Rec	ceipt						
	Mailing Address 7212 Deer Ridge Rd			M	/ N	D	D /	Y	Y	Y	Y	
	City	State	Zip Code	Trans	action	n ID:	PR	1094	1229	8855	52	
	Prospect	KY	40059	Amou	nt of I	Each	Rece	eipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	C		6				60.0	0			
	Name of Employer Kindred Healthcare Inc.		n Chief Med Off-HSD									
	Receipt For:		Year-to-Date V	_								
	Primary General	33 - 3		P/R De	educt	tion (\$20	00	Bi-			
	Other (specify)	0 0	400.00	Weekl	y)		φĽΰ	.00	Di			
в.	Full Name (Last, First, Middle Initial) Patricia M McGillan			Date	of Rec	ceipt						
	Mailing Address 510 Altagate Rd			M	M /	D	D /	Y	Y	Y	Y	
	City	State	Zip Code	Trans	action	n ID:	PR1	1094	1229	9855	52	
	Louisville	KY	40206	Amou	nt of I	Each	Rece	eipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	C			1	1				90.0	0	
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat S	af & Risk Mgmt-HD									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼	0 0	600.00	P/R De Weekl	educt y)	tion (\$30	.00	Bi-			
	Full Name (Last, First, Middle Initial) Barbara L Baylis			Date of	of Doc	noint						
0.	Mailing Address 6702 Kingslook Court					Берг	D /	v	Y	Y	Y	
						L.,		Ľ				
	City	State	Zip Code	Trans	action	n ID:	PR1	1094	1230	0855	52	
	Louisville	KY	40207	Amou	nt of I	Each	Rece	eipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	C								60.0	0	
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Cli	n & Res Svcs-HSD									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼	0 0	400.00	P/R De Weekl	educt y)	tion (\$20	.00	Bi-			
s	UBTOTAL of Receipts This Page (optional)								2	10.0	0	
T	OTAL This Period (last page this line number or	וy)	· · · · · · · · · · · · · · · · · · ·									

6				FOR LINE NUMBER: PAGE 42/66					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12					
			Botaliou Cuminary r ago						
Ar	y information copied from such Reports and Sta	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 r	name and add	dress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	Kindred Healthcare, Inc. PAC								
<u> </u>	Full Name (Last, First, Middle Initial)								
Α.	Richard H Starke			Date of Receipt					
	Mailing Address 2404 Dundee Rd			M M / D D / Y Y Y					
	City	State	Zip Code	Transaction ID: PR109423158552					
	Louisville	KY	40205	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		60.00					
	Name of Employer	Occupation	1	_					
	Name of Employer Kindred Healthcare Inc.		hab Svcs-PRS						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General	1 1	400.00	P/R Deduction (\$20.00 Bi-					
	Other (specify)		400.00	Weekly)					
в.	Full Name (Last, First, Middle Initial) Mary J Yesue			Date of Receipt					
	Mailing Address P. O. Box 921								
	City	State	Zip Code	Transaction ID: PR109423218552					
	York Harbor	ME	03911	Amount of Each Receipt this Period					
	FEC ID number of contributing			45.00					
	federal political committee.	C							
	Name of Employer Kindred Healthcare Inc.	Occupation	า						
		Dist Dir C	1						
	Receipt For:	Aggregate	Year-to-Date ▼	_					
Primary General Other (specify)			300.00	P/R Deduction (\$15.00 Bi- Weekly)					
		0 0	0 0 0 0 0 0 0						
_	Full Name (Last, First, Middle Initial)								
C.	Aimee Oakes			Date of Receipt					
	Mailing Address 240 Paradise Lane			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR109423268552					
	Jacksboro	TN	37757	Amount of Each Receipt this Period					
	FEC ID number of contributing			60.00					
	federal political committee.	C							
	Name of Employer	Occupation	า						
	Name of Employer Kindred Healthcare Inc.	Dist Dir C							
	Receipt For:		Year-to-Date V						
	Primary General		400.00	P/R Deduction (\$20.00 Bi-					
	Other (specify)		400.00	Weekly)					
6	UBTOTAL of Receipts This Page (optional)			165.00					
F			••••••	-					
т	TOTAL This Period (last page this line number only)								

SCHEDULE A (FEC F	Form 3X)		FOR LINE NUMBER: PAGE 43 / 66						
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)						
		Detailed Summary Page							
Any information conied from such	Benorts and Statements may	not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions						
or for commercial purposes, othe	r than using the name and add	lress of any political committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In F	Full)								
Kindred Healthcare, Inc.	PAC								
Full Name (Last, First, Middle Carol Holguin	Initial)		Date of Receipt						
Mailing Address 504 Stee	olechase Trail		M M / D D / Y Y Y Y						
City	State	Zip Code	Transaction ID: PR109423418552						
Kennedale	TX	76060	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	Year-to-Date V							
Primary Gener Other (specify) ▼	a	600.00	P/R Deduction (\$30.00 Bi- Weekly)						
Full Name (Last, First, Middle B. Jacqueline Lanter	Initial)		Date of Receipt						
Mailing Address 2355 W N	Noble Heights Drive		M M / D D / Y Y Y Y						
City	State	Zip Code	Transaction ID: PR109423438552						
Tucson	AZ	85742	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:		Year-to-Date 🔻							
Primary Gener Other (specify) ▼	a	285.00	P/R Deduction (\$15.00 Bi- Weekly)						
Full Name (Last, First, Middle C. Jeffrey F Luckett	Initial)		Date of Receipt						
· · · ·	vkshead Ln		M M / D D / Y Y Y Y						
City	State	Zip Code	Transaction ID: PR109423448552						
Louisville	KY	40220	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		60.00						
Name of Employer Kindred Healthcare Inc.	Occupation Dir Intern	al Audit-IS							
Receipt For:	00 0	Year-to-Date V							
Primary Gener Other (specify) ▼	al	400.00	P/R Deduction (\$20.00 Bi- Weekly)						
SUBTOTAL of Receipts This Pa	age (optional)		150.00						
SUBTOTAL of Receipts This Page (optional)									

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 66						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)									
	Kindred Healthcare, Inc. PAC									
Α.	Full Name (Last, First, Middle Initial) Carolyn F De Blasi			Date of Receipt						
	Mailing Address 10950 N. LaCanada #8	204		M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR109423518552						
	Oro Valley	AZ	85737	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		40.00						
			n e Dir III							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi- Weekly)						
в.	Full Name (Last, First, Middle Initial) Peter D Corless			Date of Receipt						
	Mailing Address 3308 Overlook Ridge R	d		M M / D D / Y Y Y Y						
	City	State KY	Zip Code	Transaction ID: PR109423528552						
	Prospect		40059	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		60.00						
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HF	ⁿ R & Admin-HSD							
	Receipt For:	Aggregate	e Year-to-Date 🔻	_						
Other (specify) ▼			400.00	P/R Deduction (\$20.00 Bi- Weekly)						
с.	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: PR109423548552						
	LaGrange	KY	40031	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		60.00						
	Name of Employer Kindred Healthcare Inc.		Jtil Svcs-HSD							
	Receipt For:	Aggregate	e Year-to-Date 🔻	_						
	Primary General Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)						
s	LUBTOTAL of Receipts This Page (optional)		·····	160.00						
\vdash	TOTAL This Period (last page this line number only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the Detailed Summary Page FOR LINE NUMBER: PAGE 4 (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Elizabeth Voigt Mailing Address 7090 Rockrose Terrace City State Zip Code FEC ID number of contributing federal political committee. C	Y Y 68552									
Detailed Summary Page X 11a 11b 11c Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such comm Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such comm NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Elizabeth Voigt Mailing Address 7090 Rockrose Terrace City State Zip Code Carlsbad CA 92011 FEC ID number of contributing Amount of Each Receipt this Period	16 17 ttions ittee. Y Y 68552 eriod									
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such contributicons from such committee to solicit contributions from su	Y Y 68552 eriod									
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Elizabeth Voigt Mailing Address 7090 Rockrose Terrace City State Zip Code Carlsbad CA 92011 FEC ID number of contributing Image: Committee to solicit contributions from such committee to solicit contrelations from such committee to solicit contributions	Y Y 68552 eriod									
Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Elizabeth Voigt Mailing Address 7090 Rockrose Terrace City State Zip Code Carlsbad CA 92011 FEC ID number of contributing Amount of Each Receipt this Period	68552 eriod									
A. Full Name (Last, First, Middle Initial) B. Elizabeth Voigt Mailing Address 7090 Rockrose Terrace City State Zip Code Carlsbad CA 92011 FEC ID number of contributing Amount of Each Receipt this Period	68552 eriod									
A. Elizabeth Voigt Date of Receipt Mailing Address 7090 Rockrose Terrace City State Zip Code Carlsbad CA 92011 FEC ID number of contributing Amount of Each Receipt this Period	68552 eriod									
City State Zip Code Carlsbad CA 92011 FEC ID number of contributing	68552 eriod									
Carlsbad CA 92011 Amount of Each Receipt this Performance FEC ID number of contributing C C C	eriod									
FEC ID number of contributing										
	15.00									
Name of Employer Occupation Kindred Healthcare Inc. Area Dir Rehab										
Receipt For: Aggregate Year-to-Date V										
Primary General P/R Deduction (\$15.00 Wee	-									
Other (specify) ▼ 270.00 kly)										
Full Name (Last, First, Middle Initial) B. Douglas Roth Date of Receipt										
Mailing Address 9891 Heytesbery	Y Y									
City State Zip Code Transaction ID: PR1094237	38552									
Sandy UT 84092 Amount of Each Receipt this Pe	eriod									
FEC ID number of contributing federal political committee. 1	20.00									
Name of Employer Occupation Kindred Healthcare Inc. VP Finance-Pacific RegHSD										
Receipt For: Aggregate Year-to-Date V										
Primary General P/R Deduction (\$40.00 Bi-										
Other (specify) ▼ 800.00 Weekly)										
Full Name (Last, First, Middle Initial) Date of Receipt C. Janet F Francis-Head Date of Receipt										
Mailing Address 350 Bivens Lane	YY									
City State Zip Code Transaction ID: PR1094239										
Beaver Dam KY 42320 Amount of Each Receipt this Pe	əriod									
FEC ID number of contributing federal political committee.	45.00									
Name of Employer Occupation Kindred Healthcare Inc. Reg Financial Ana										
Receipt For: Aggregate Year-to-Date ▼										
Primary General Other (specify) ▼ 300.00										
SUBTOTAL of Receipts This Page (optional)										
TOTAL This Period (last page this line number only)	30.00									

ITEMIZED RECEIPTS or each category of the Detailed Summary Page Item 11a 11b 11c Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1247 Alvarado Road City State Zip Code Berkeley CA 94705 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Labor Rel Counsel Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) ▼ Aggregate Year-to-Date ▼	Y Y 38552								
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such contributing federal political committee.	Y Y 38552								
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Name of Employer C Transaction ID: PR10942398 Name of Employer Occupation Amount of Each Receipt this Performent to the solicit contributions from such committee. Name of Employer Occupation Dot of Primary Primary Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-	Y Y 38552								
Kindred Healthcare, Inc. PAC A. Full Name (Last, First, Middle Initial) A. Henry F. Telfeian Mailing Address 1247 Alvarado Road City State Zip Code Berkeley CA 94705 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General	38552								
A. Full Name (Last, First, Middle Initial) A. Henry F. Telfeian Mailing Address 1247 Alvarado Road City State Zip Code Berkeley CA 94705 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General	38552								
A. Henry F. Telfeian Date of Receipt Mailing Address 1247 Alvarado Road City State Zip Code Berkeley CA 94705 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Performance Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Primary General Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-	38552								
City State Zip Code Berkeley CA 94705 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General	38552								
Berkeley CA 94705 Amount of Each Receipt this Performance FEC ID number of contributing federal political committee. C Amount of Each Receipt this Performance Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Primary General Primary General Aggregate Year-to-Date ▼ P/R Deduction (\$10.00 Bi-									
FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General									
federal political committee. ✓ Name of Employer Kindred Healthcare Inc. Occupation Labor Rel Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General	riod								
Receipt For: Aggregate Year-to-Date ▼ Primary General	30.00								
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-									
Primary General P/R Deduction (\$10.00 Bi-									
Full Name (Last, First, Middle Initial)									
B. Jeffrey L. Perry Date of Receipt									
Mailing Address 1473 St. James Court	YY								
City State Zip Code Transaction ID: PR10942402	28552								
Louisville KY 40208 Amount of Each Receipt this Pe	riod								
FEC ID number of contributing federal political committee.	60.00								
Name of Employer Occupation Kindred Healthcare Inc. Dir Pharmacy IS-KPS									
Receipt For: Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼ 400.00									
Full Name (Last, First, Middle Initial) Date of Receipt									
Mailing Address 2101 Cherrywood Drive	YY								
City State Zip Code Transaction ID: PR10942403	38552								
LaGrange KY 40031 Amount of Each Receipt this Pe	riod								
FEC ID number of contributing federal political committee.	60.00								
Name of Employer Occupation Kindred Healthcare Inc. VP Finance-PRS									
Receipt For: Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼ 400.00									
SUBTOTAL of Receipts This Page (optional)									
TOTAL This Period (last page this line number only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 47 / 66 (check only one)						
			Detailed Summary Page							
Δr	y information copied from such Reports and Sta	atements may	not be sold or used by any perce	n for the purpose of soliciting contributions						
	for commercial purposes, other than using the r									
\sum	NAME OF COMMITTEE (In Full)									
\mathbb{Z}	Kindred Healthcare, Inc. PAC									
Α.	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: PR109424128552						
	Goshen	KY	40026	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		60.00						
	Name of Employer Kindred Healthcare Inc.		า ys-HSD							
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼	U U 0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)						
в.	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: PR109424148552						
	Glenview		60026	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		45.00						
	Name of Employer Kindred Healthcare Inc.	Occupation VP Finan	າ ce-MW Reg-HD							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$15.00 Bi- Weekly)						
 C.	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: PR109424198552						
	Hales Corners	WI	53130	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exe		1						
	Receipt For:		Year-to-Date 🔻							
	Other (specify)	U U U	950.00	P/R Deduction (\$50.00 Bi- Weekly)						
s	LUBTOTAL of Receipts This Page (optional)			205.00						
⊢	TOTAL This Period (last page this line number only)									

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 48 / 66 (check only one)						
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
Ľ	Kindred Healthcare, Inc. PAC									
Α.	Full Name (Last, First, Middle Initial) Amanda G Estes			Date of Receipt						
	Mailing Address 4211 Wine Cellar Court			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR109424238552						
	Louisville	KY	40272	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		60.00						
			า al Audit							
			e Year-to-Date ▼	-1						
	Primary General	55 5		P/R Deduction (\$20.00 Bi-						
Other (specify)			400.00	Weekly)						
в.	Full Name (Last, First, Middle Initial) Gregory C. Miller			Date of Receipt						
	Mailing Address 8000 Allielough Court									
	City	State	Zip Code	Transaction ID: PR109424288552						
	Prospect	KY	40059	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		120.00						
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP De	n ev & Fin Plan							
	Receipt For:		Year-to-Date ▼	_						
	Primary General Other (specify) ▼		800.00	P/R Deduction (\$40.00 Bi- Weekly)						
<u>с</u>	Full Name (Last, First, Middle Initial) Diana Hanyak			Date of Receipt						
•	Mailing Address 17057 Rosebud Dr.									
	City	State	Zip Code	Transaction ID: PR109424348552						
	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 Administ		7						
	Receipt For:		Year-to-Date V	1						
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)						
s	UBTOTAL of Receipts This Page (optional)		b	210.00						
	TOTAL This Period (last page this line number only)									

	CHEDULE A (FEC Form 3X)														
11	EMIZED RECEIPTS	ED RECEIPTS Detailed Summary Page													
•	winformation conied from each December 201	tomente		13 14 15 16 17											
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
\sum	NAME OF COMMITTEE (In Full)														
\geq	Kindred Healthcare, Inc. PAC														
A.	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: PR109424358552											
	Brentwood	TN	37027	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:		e Year-to-Date ▼												
	Primary General		400.00	P/R Deduction (\$20.00 Bi-											
	Other (specify)	0 0	400.00	Weekly)											
в.	Full Name (Last, First, Middle Initial) Richard Pletz			Date of Receipt											
	Mailing Address 30408 Hilliard Court														
	City	State	Zip Code	Transaction ID: PR109424528552											
	Westlake	OH	44145	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 ▼	-											
	Other (specify)	0 0	380.00	P/R Deduction (\$20.00 Bi- Weekly)											
<u>с.</u>	Full Name (Last, First, Middle Initial) Ronald G Evens			Date of Receipt											
	Mailing Address 304 Weston Oaks														
	City	State	Zip Code	Transaction ID: PR109424538552											
	<u>St Louis</u>	MO	63122	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:	Aggregate	Year-to-Date ▼	1											
	Other (specify)	0 0	300.00	P/R Deduction (\$15.00 Bi- Weekly)											
s	UBTOTAL of Receipts This Page (optional)		·····	125.00											
	OTAL This Period (last page this line number of		•												

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 66 (check only one)											
			or each category of the		í –	- ´	г	-		— .					
••			Detailed Summary Page		11a 13		۲	_	11c 15		2 6		17		
	y information copied from such Reports and Sta			on for the	e purpo	se of :		citing	g cont	tributi	ons		17		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit c	ontribu	tions f	rom	1 su	ch cor	nmitte	ee.				
$\left \right\rangle$															
	Kindred Healthcare, Inc. PAC														
×	Full Name (Last, First, Middle Initial)														
А.	Jerome J. Yarnish Mailing Address 1986 Wrenfield Lane			Date of Receipt											
	City	State	Zip Code	Tra	ansact	ion ID	: F	°R1	0942	4568	355	2			
	Oviedo	FL	32765	Ar	mount	of Eac	h R	ece	pt this	3 Peri	iod		_		
	FEC ID number of contributing federal political committee.	C								4	5.00)			
	Name of Employer Kindred Healthcare Inc.	Occupatio													
			Ness Dev-PRS	_											
	Receipt For: Primary General	Ayyreyale	e Year-to-Date ▼			uction	. /¢	15		:					
	Other (specify)	0 0	300.00	We	R Dedu eekly)		I (Ţ	515.	00 D	1-					
	Full Name (Last, First, Middle Initial)			Date of Receipt											
ь.	Raymond J Sierpina Mailing Address 14 Westwind Road														
	City	State	Zip Code	Tra	Transaction ID: PR109424668552										
	Louisville	KY	40207	Ar	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			90.00										
	Name of Employer Kindred Healthcare Inc.	Occupatio													
	Receipt For:	1	rnment Programs e Year-to-Date ▼	_	4										
	Primary General	Aggrogate		P/F	R Dedi	uction	ı (\$	30	00 B	i-					
	Other (specify)	0 0	600.00	We	P/R Deduction (\$30.00 Bi- Weekly)										
с.	Full Name (Last, First, Middle Initial) Steven Tanner			D	ate of F	Recein	ł								
0.	Mailing Address 6622 Rosebud Lane					· ·	D	/	Y	Y	Y	Y			
	City	State	Zip Code		ansact	ion ID	: F	R1	0942	4688	355	2			
	Indianapolis	IN	46237		mount										
	FEC ID number of contributing federal political committee.	C								4	0.00	כ			
	Name of Employer Kindred Healthcare Inc.	Occupation Executive													
	Receipt For:	Aggregate	e Year-to-Date 🔻		1										
	Primary General Other (specify) ▼	0 0	380.00	P/R Deduction (\$20.00 Bi- Weekly)											
s	UBTOTAL of Receipts This Page (optional)		······							175	5.00	ָ (
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т	OTAL This Period (last page this line number of	nly)		• L				-		<u> </u>					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 66 (check only one)										
	EMIZED RECEIPTS	MIZED BECFIPTS or each category of the												
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso											
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.										
\mathbb{N}	NAME OF COMMITTEE (In Full)													
\bigvee	Kindred Healthcare, Inc. PAC													
Α.	Full Name (Last, First, Middle Initial) Mark A Bush			Date of Receipt										
	Mailing Address 6208 Tiara Court			M M / D D / Y Y Y										
	City	State	Zip Code	Transaction ID: PR109424718552										
	Louisville	KY	40219	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		45.00										
	Name of Employer Kindred Healthcare Inc.	Occupation Beg Mgr	n Operation Reimb											
	Receipt For:		Year-to-Date V	-1										
	Primary General Other (specify)		300.00	P/R Deduction (\$15.00 Bi- Weekly)										
		0.0		1										
R	Full Name (Last, First, Middle Initial) Thomas Wood			Date of Receipt										
υ.	Mailing Address 2949 Glascock Street			M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR109424728552										
	Oakland	CA	94601	Amount of Each Receipt this Period										
	FEC ID number of contributing	C		195.00										
	federal political committee.	C												
	Name of Employer Kindred Healthcare Inc.	Occupation	า	-										
			Dperations II											
	Receipt For: Primary General	Aggregate	e Year-to-Date V											
	Other (specify) ▼		1300.00	P/R Deduction (\$65.00 Bi- Weekly)										
 C.	Full Name (Last, First, Middle Initial) Gwynn Rucker			Date of Receipt										
	Mailing Address 15106 59th Place NE			M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR109424788552										
	Kenmore	WA	98028	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		75.00										
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir C	n Operations I											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$25.00 Bi- Weekly)										
				315.00										
	UBTOTAL of Receipts This Page (optional)		•••••••											
т	OTAL This Period (last page this line number o	only)												

50	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 66									
			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	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full)			Solicit contributions from such committee.									
$ \rangle$	Kindred Healthcare, Inc. PAC												
	Kindled Healthcare, Inc. FAC												
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Jane Davis			Date of Receipt									
	Mailing Address 8720 229th PL SW			M M / D D / Y Y Y Y									
	City	State	Zip Code	Transaction ID: PR109424838552									
	Edmonds	WA	98026	Amount of Each Receipt this Period									
	FEC ID number of contributing												
	federal political committee.	C		30.00									
	Name of Employer	Occurrentia											
	Name of Employer Kindred Healthcare Inc.	Occupatio Executiv											
	Receipt For:		e Year-to-Date ▼										
	Primary General	33 - 3		P/R Deduction (\$15.00 Wee-									
	Other (specify)	0 0	285.00	kly)									
				-									
D	Full Name (Last, First, Middle Initial) Kristie A Frock			Date of Respirit									
ь.	Mailing Address Rt 6 Box 20			Date of Receipt									
	City	State	Zip Code	Transaction ID: PR109424958552									
	Nevada	MO	64772	Amount of Each Receipt this Period									
	FEC ID number of contributing	С		45.00									
	federal political committee.												
	Name of Employer Kindred Healthcare Inc.	Occupatio	n	-									
	Kindred Healthcare Inc.	Quality (Compl Cnslt-HSD										
	Receipt For:	Aggregate	e Year-to-Date 🔻										
	Primary General		300.00	P/R Deduction (\$15.00 Bi-									
	Other (specify)	0 0		Weekly)									
	Full Name (Last, First, Middle Initial)												
C.	Larry J Green			Date of Receipt									
	Mailing Address 1420 Creekstone Dr. N	E		M M / D D / Y Y Y Y									
		Stata	Zin Codo										
	City Corydon	State IN	Zip Code 47112	Transaction ID: PR109424988552									
			7/112	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		54.00									
	Name of Employer Kindred Healthcare Inc.												
			n Planning & Dov										
	Receipt For:	-	Planning & Dev e Year-to-Date ▼										
Primary General				P/R Deduction (\$18.00 Bi-									
	Other (specify)		360.00	Weekly)									
				100.00									
s	UBTOTAL of Receipts This Page (optional)		······	129.00									
Γ													
T	OTAL This Period (last page this line number of	only)	I										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 66
IT	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	
Ar	y information copied from such Reports and St	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
N N	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	bress of any political committee to	solicit contributions from such committee.
	Kindred Healthcare, Inc. PAC			
́А.	Full Name (Last, First, Middle Initial) Sharon Spittle			Date of Receipt
	Mailing Address 26 Estes Street			
	City Ipswich	State MA	Zip Code 01938	Transaction ID: PR109425008552 Amount of Each Receipt this Period
	FEC ID number of contributing		01938	
	federal political committee.	C		80.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Executiv		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	780.00	P/R Deduction (\$20.00 Wee- kly)
В.	Full Name (Last, First, Middle Initial) Benjamin A Breier			Date of Receipt
υ.	Mailing Address 5400 Farm Ridge Lane			
	City	State	Zip Code	Transaction ID: PR109425098552
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	400.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	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: PR113525268552
	<u>St Helens</u>	OR	97051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Kindred Healthcare Inc.	Occupatio Executiv		
	Receipt For:		e Year-to-Date V	-1
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Wee- kly)
•	UBTOTAL of Receipts This Page (optional)			180.00
³	UTINE OF THE OF THE FAYE (UPLIOTAL)		••••••	
Т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 54 / 66 (check only one)										
IT	EMIZED RECEIPTS		$\begin{array}{c c} (\text{check only only})\\ \hline X & 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \end{array}$											
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions										
\sum	NAME OF COMMITTEE (In Full)													
\langle	Kindred Healthcare, Inc. PAC													
Α.	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: PR113528568552										
	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.	Occupatio Executive												
	Receipt For:	Aggregate	e Year-to-Date 🔻											
	Primary General Other (specify) ▼	0 0	285.00	P/R Deduction (\$15.00 Bi- Weekly)										
в.	Full Name (Last, First, Middle Initial) Judith Curtiss			Date of Receipt										
	Mailing Address 5495 NE 25th. Avenue	# 300		M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR113528688552										
	Ft. Lauderdale	FL	33308	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		180.00										
	Name of Employer Kindred Healthcare Inc.	Occupatio	ⁿ South Reg-HD											
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Primary General Other (specify) ▼	0 0	1140.00	P/R Deduction (\$60.00 Bi- Weekly)										
с.	Full Name (Last, First, Middle Initial) Josephine Litzenberger			Date of Receipt										
	Mailing Address 11401 Dr. M.L.K. Jr. S Apt 1201	treet N.		M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR113528698552										
	St Petersburg	FL	33716	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		54.00										
	Name of Employer Kindred Healthcare Inc.	-	Vanaged Care - HD											
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Other (specify) ▼	0 0	342.00	P/R Deduction (\$18.00 Bi- Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	264.00										
	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 55 / 66 (check only one)										
11			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$										
Ar	y information copied from such Reports and Sta	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 r	name and add	dress of any political committee to	solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full)													
	Kindred Healthcare, Inc. PAC													
۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial) Martha Heubach			Date of Receipt										
	Mailing Address 8000 Redbud Creek Dr.			M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR113528898552										
	Edmond	OK	73034	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		40.00										
	Name of Employer Kindred Healthcare Inc.	Occupation Administ												
	Receipt For:	Aggregate	e Year-to-Date 🔻											
	Other (specify)	0 0	360.00	P/R Deduction (\$20.00 Bi- Weekly)										
в.	Full Name (Last, First, Middle Initial) Gregory T Hayden			Date of Receipt										
	Mailing Address 2375 Owens Lane Ne			M M / D D / Y Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR115040018552										
	Corydon	IN	47112	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		45.00										
	Name of Employer Kindred Healthcare Inc.	Occupatio												
	Receipt For:	Dir State	Tax e Year-to-Date ▼											
	Primary General	Aggregate		P/R Deduction (\$15.00 Bi-										
	Other (specify) 🔻	0 0	270.00	Weekly)										
С.	Full Name (Last, First, Middle Initial) Joan Strohm			Date of Receipt										
	Mailing Address 19520 French Lace Driv	/e		M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR115040148552										
	Lutz	FL	33558	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 Clin	n nical Off III											
	Receipt For:	Aggregate	e Year-to-Date 🔻	_										
	Other (specify) ▼		270.00	P/R Deduction (\$15.00 Bi- Weekly)										
s	UBTOTAL of Receipts This Page (optional)			130.00										
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т	OTAL This Period (last page this line number of	only)												

	SCHEDULE A (FEC Form 3X)														
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12											
Anv	r information copied from such Reports and Sta	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions											
or f	or commercial purposes, other than using the r	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) Rachael L Parker			Date of Receipt											
I	Mailing Address 70 Birch Ridge Rd			M M / D D / Y Y Y Y											
	City	State	Zip Code	Transaction ID: PR115041118552											
-	Westford FEC ID number of contributing	VT	05494	Amount of Each Receipt this Period											
	federal political committee.	C		40.00											
I	Name of Employer Kindred Healthcare Inc.	Occupation Executive													
Ī	Receipt For:	Aggregate	e Year-to-Date 🔻												
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$10.00 Wee- kly)											
	Full Name (Last, First, Middle Initial) Michael Speidel			Date of Receipt											
I	Mailing Address 6658 South Alkire St. #	1412		M M / D D / Y Y Y Y											
	City	State	Zip Code	Transaction ID: PR115041188552											
-	Littleton	CO	80127	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		30.00											
Ī	Name of Employer Kindred Healthcare Inc.	Occupatio		-											
-	Receipt For:	Executive Aggregate	e Year-to-Date V	-											
	Primary General		240.00	P/R Deduction (\$15.00 Wee-											
	Other (specify)	0 0		klý)											
	Full Name (Last, First, Middle Initial) Pamela M Bresee			Date of Receipt											
l	Mailing Address 4155 SW 192nd Avenu	Ie		M M / D D / Y Y Y Y											
	City	State	Zip Code	Transaction ID: PR122785248552											
-	Aloha	OR	97007	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C		45.00											
Ī	Name of Employer Kindred Healthcare Inc.	Occupation Reg Fina	n Incial Ana												
I		Aggregate	e Year-to-Date ▼												
	Primary General Other (specify) ▼	0 0	225.00	P/R Deduction (\$15.00 Bi- Weekly)											
su	IBTOTAL of Receipts This Page (optional)			115.00											
	TAL This Period (last page this line number o														

5	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 57 / 66										
11	EMIZED RECEIPTS	ZED RECEIPTS Detailed Summary Page												
				13 14 15 16 17										
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full)		area of any pointou committee to											
$ \rangle$	Kindred Healthcare, Inc. PAC													
\mathbb{Z}														
^	Full Name (Last, First, Middle Initial)			Data of Reasint										
А.	Susan Puzon-Kurtz Mailing Address 12 San Jose Ave.			Date of Receipt										
	IZ Sail JUSE Ave.													
	City	State	Zip Code	Transaction ID: PR122785438552										
	Jefferson	LA	70121	Amount of Each Receipt this Period										
	FEC ID number of contributing	С		50.00										
	federal political committee.													
	Name of Employer Kindred Healthcare Inc.	Occupatio	n	-										
	Kindred Healthcare Inc.	Dir Reha												
	Receipt For:	Aggregate	e Year-to-Date V											
	Primary General		350.00	P/R Deduction (\$25.00 Bi-										
	Other (specify)	0 0		Weekly)										
	Full Name (Last, First, Middle Initial)	Name (Last First Middle Initial)												
В.	Grant Gloor													
	Mailing Address 587 Old Waverly Way			M · M / D · D / Y · Y · Y · Y										
	01	<u> </u>	7'- 0'											
	City	State	Zip Code	Transaction ID: PR122785488552										
	Eagle Point	OR	97524	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		40.00										
	Name of Employer Kindred Healthcare Inc.	Occupatio												
		Executive		4										
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$20.00 \V/cc										
	Other (specify)		280.00	P/R Deduction (\$20.00 Wee- kly)										
		0 0												
~	Full Name (Last, First, Middle Initial)													
C.	Russell D Ragland			Date of Receipt										
	Mailing Address 724 Daneshall Drive			M M / D D / Y Y Y Y										
	City	State	Zip Code	Transaction ID: PR126799818552										
	Louisville	KY	40206	Amount of Each Receipt this Period										
	FEC ID number of contributing	<u> </u>		150.00										
	federal political committee.	C												
	Name of Employer	Occupatio	n	-										
	Name of Employer Kindred Healthcare Inc.	Sr VP Fi												
	Receipt For:	Aggregate	e Year-to-Date 🔻											
	Primary General		600.00	P/R Deduction (\$50.00 Bi-										
	Other (specify) v		00.00	Weekly)										
_														
_				240.00										
	UBTOTAL of Receipts This Page (optional)													
т	OTAL This Period (last page this line number of	nlv)												
1'		···· , ······	•											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 66 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and St or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Full Name (Last, First, Middle Initial) Donna Sroczynski Mailing Address 1485 Champagne Lane		Date of Receipt								
City South Elgin	State Zip Code	Transaction ID: PR128118538552								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00								
Name of Employer	Occupation Dist Dir Operations I									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi- Weekly)								

SUBTOTAL of Receipts This Page (optional)	►	60.00
TOTAL This Period (last page this line number only)	►	10701.20

S	CHEDULE B (FEC Form 3X)	Use sepe) FOR LINE (check on				NE NUMBER: PAGE 59 / 66									
IT	EMIZED DISBURSEMENTS	for each c	category of the Summary Page		((Г	спеск о 21b		one) 22	X	23		24		25		26
_						27		28a		28b		28c		29		30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the name														S	
	NAME OF COMMITTEE (In Full)															
\backslash	Kindred Healthcare, Inc. PAC															
Α.	Full Name (Last, First, Middle Initial) Friends Of John Barrow							Trans Date of			-		90			
	Mailing Address PO Box 8166							^м 9	М	/ D	18	/	ź	o ò e	3 Y	
	City Savannah	State GA	Zip Code 31412					Amou	nt o	f Each	ו Dis	burse	men	t this f	Perioc	ł
	Purpose of Disbursement Contribution				0	11		L.						750.	00	
	Candidate Name Rep. John Barrow					gory/ pe										
	Office Sought: X House Disburse Senate President State: GA District: 12	ement For: Primary Other (spec	2006 X General cify) ▼					Contri	ibut	tion						
	Full Name (Last, First, Middle Initial)						-	Trans	aati	ion ID	. 16	0075	ດາ			
В.	Melissa Bean For Congress							Date		isburs	eme			Y	Y	
	Mailing Address Post Office Box 3068							09			18			οŏe		
	Barrington	State IL	Zip Code 60010					Amou	nt o	f Each	n Dis	sburse		t this I 000.		ł
	Purpose of Disbursement Contribution				0	11		L	0					000.		
	Candidate Name Rep. Melissa Bean					gory/ pe										
	Office Sought: X House Disburse Senate President	ement For: Primary Other (spe	2006 X General cify) ▼					Contri	ibut	tion						
	State: IL District: 8															
C.	Full Name (Last, First, Middle Initial) Boswell For Congress							Trans Date of	of D	isburs	eme					
	Mailing Address PO Box 6220							0 [™] 9	м		18		Ź	οòe	5	
	City Des Moines	State IA	Zip Code 50309					Amou	nt o	f Each	n Dis	sburse	-			ł
	Purpose of Disbursement Contribution				0	11		L.					0	750.	00	
	Candidate Name Rep. Leonard Boswell			Ca	ate	gory/ pe										
	Office Sought: X House Disburse Senate President State: IA District: 3	ement For: Primary Other (spec	2006 X General cify) ▼					Contri	ibut	tion						
6	UBTOTAL of Disbursements This Page (optional)					•					v		2	500.0	00	7
	OTAL This Period (last page this line number only)					•	•								-	ī
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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)				E NUMBER: PAGE 60 / 66				
IT	EMIZED DISBURSEMENTS	for each category of the			check or 21b	nly one)	X 23	24 25		
		Detailed Summary Page		\vdash	27	28a	28b	28c	29	
	y Information copied from such Reports and Statem									
or	or commercial purposes, other than using the name	e and address of any political	l con	nm	ittee to s	solicit conti	ibutions fr	om such		e
$ \rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC									
V	Triffered Healtheare, inc. 1770									
~	Full Name (Last, First, Middle Initial)						action ID		531	
А.	Campaign for America's Future						of Disburs			
	Mailing Address 175 S. West Temple, Sui	te 650				0 9	M / D	8 /	² ² 0 ċ	ָם ל 1
	,	State Zip Code				Amou	int of Each	Disburse	ement thi	s Period
		UT 84101							500	0.00
	Purpose of Disbursement Contribution			0.	4.4				500	0.00
	Candidate Name		C		gory/					
				Ту						
		ment For:				Contr	ibution			
	Senate President	Primary General Other (specify)								
	State: District:									
	Full Name (Last, First, Middle Initial)					Trans	action ID	: 169055	528	
В.	Chet Edwards For Congress						of Disburs			
	Mailing Address PO Box 23273					0 ^M 9	M / D	8 /	²²0d	Ď6Ŭ
		State Zip Code				Amou	int of Each	Disburse	ement thi	s Period
		TX 76702							100	0.00
	Purpose of Disbursement Contribution			0.	11				100	0.00
	Candidate Name		C	- 1	gory/					
	Rep. Chet Edwards			Ту	pe					
		ment For: 2006				Contr	ibution			
	Senate President	Primary X General Other (specify)								
	State: TX District: 17									
_	Full Name (Last, First, Middle Initial)					Trans	action ID	: 169055	548	
C.	Fitzpatrick For Congress						of Disburs			
	Mailing Address 115 N Broad Street					0 9	M / D	8	200	Ď6Ŭ
	·	State Zip Code				Amou	int of Each	Disburse	ement thi	s Period
		PA 18901							75	0.00
	Purpose of Disbursement Contribution				11					
	Candidate Name Rep. Michael Fitzpatrick		Category/ Type							
		ment For: 2006				Contr	ibution			
	Senate President	Primary X General				Contr				
	State: PA District: 8	Other (specify)								
							v v	• • •	6750	0.00
	SUBTOTAL of Disbursements This Page (optional)									
Т	OTAL This Period (last page this line number only)				►					

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 61 / 66				
IT	EMIZED DISBURSEMENTS	for each category of the	, 	(check only	- ´ — —			
		Detailed Summary Page		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30		
	Information copied from such Reports and Staten or commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full)							
/	Kindred Healthcare, Inc. PAC							
٨	Full Name (Last, First, Middle Initial)				Transaction ID: 16			
- .	Jim Gerlach For Congress Committee				Date of Disburseme			
	Mailing Address PO Box 87				0 9 [/] 1 8	2006 [°]		
	City Uwchland	State Zip Code PA 19480			Amount of Each Dis	bursement this Period		
	Purpose of Disbursement	17 19400	_			750.00		
	Contribution			011				
	Candidate Name Rep. James Gerlach			ategory/ Type				
		ement For: 2006			Contribution			
	Senate President	Primary X General Other (specify) ▼						
	State: PA District: 6							
в.	Full Name (Last, First, Middle Initial) HILLPAC				Transaction ID: 17 Date of Disburseme			
					M M / D D	² 2006		
	Mailing Address 1717 K Street Nw Suite 3	309a			0.9 28	2006		
	City Washington	State Zip Code DC 20036			Amount of Each Dis	bursement this Period		
	Purpose of Disbursement	20000				2500.00		
	Contribution			011				
	Candidate Name			ategory/ Type				
		ement For:	I		Contribution			
	Senate President	Primary General			Contribution			
	State: District:	Other (specify)						
_	Full Name (Last, First, Middle Initial)				Transaction ID: 17	104777		
C.	Holding Onto Oregon's Priorities				Date of Disburseme			
	Mailing Address P.O. Box 3314				09 ^M / ^D 25 ^D	² 2 0 0 6		
	City	State Zip Code			Amount of Each Dis	bursement this Period		
	Portland Purpose of Disbursement	OR 97208				3000.00		
	Contribution	011						
	Candidate Name			ategory/ Type				
		ement For:	•		Contribution			
	Senate President	Primary General Other (specify) ▼						
	State: District:							
s	JBTOTAL of Disbursements This Page (optional)			►		6250.00		
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FEC	Schedule B (Form 3X) Rev. 02/2003							

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)		NE NUMBER: only one)	PAGE 62 / 66
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	ń 'n	24 25 26 28c 29 30t
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC				
Α.	Full Name (Last, First, Middle Initial) Hoyer For Congress			Transaction II Date of Disbur	sement
	Mailing Address 7905 Malcolm Road Suit	e 102		0 9	25 [′] [×] [×] [×] [×] [×] [×] [×] [×] [×]
		State Zip Code MD 20735		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/		5000.00
	X House Disburse Office Sought: X House Disburse Senate President Image: Comparison of the senate Image: Comparison of the senate State: MD District: 5 Image: Comparison of the senate	ment For: 2006 Primary X General Other (specify)	Туре	 Contribution	
в.	Full Name (Last, First, Middle Initial) Kuhl For Congress			Transaction II Date of Disbur	sement
	Mailing Address 10 Ganesvoort Street Suite 101	0 9 ^M / ^D	18 ⁷ 2006 ⁴		
	Bath	State Zip Code NY 14810		Amount of Eac	th Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/		750.00
	Rep. John Kuhl		Type		
	Senate President	ment For: 2006 Primary X General Other (specify) ▼		Contribution	
	State: NY District: 29 Full Name (Last, First, Middle Initial)				
C.	Friends Of Blanche Lincoln			Transaction II Date of Disbury	sement
	Mailing Address PO Box 3197				18 ⁷ 2006 [°]
		State Zip Code AR 72203		Amount of Eac	h Disbursement this Period
	Purpose of Disbursement Contribution		011		5000.00
	Candidate Name Blanche Lincoln	Category/ Type			
	X Senate X President	ment For: 2010 Primary General Other (specify) ▼		Contribution	
	State: AR District: 1				
s	UBTOTAL of Disbursements This Page (optional) .		I		10750.00
Т	OTAL This Period (last page this line number only)		I	· · · · ·	

SCHEDULE B (FEC Form 3X)		Use seperate sch	edule(s)		E NUMBER: PAGE 63 / 66				
IT	EMIZED DISBURSEMENTS	for each category Detailed Summary		(check only 21b 27	22 X 23 28a 28b	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			by any person f	or the purpose of s	solicating contributions			
J	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		pontical						
Α.	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall				Transaction ID Date of Disburs	sement			
	Mailing Address PO Box 125				09	1 8 ⁷ 2 0 0 6 ⁴			
	Macon	State Zip Coo GA 31201			Amount of Each	h Disbursement this Period			
	Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall			011 Category/		1000.00			
	•		06 General	Туре	Contribution				
в.	Full Name (Last, First, Middle Initial) Alan Mollohan For Congress Committee				Transaction ID Date of Disburs	sement			
	Mailing Address P. O. Box 1343				0 9 / D	18 [′] ^Ý ^Ý ^Ý ^Ý ^Ý ^Ý ^Ý			
	Fairmont	State Zip Coo WV 26555			Amount of Each	h Disbursement this Period 500.00			
	Purpose of Disbursement Contribution Candidate Name Rep. Alan Mollohan			011 Category/ Type		500.00			
	·		06 General	Туре	Contribution				
C.	Full Name (Last, First, Middle Initial) Anne Northup For Congress				Transaction ID Date of Disburs	sement			
	Mailing Address P.O. Box 7313				09	25 [°] [°] 2006 [°]			
	City Louisville	State Zip Coo KY 40257			Amount of Each	h Disbursement this Period			
	Purpose of Disbursement Contribution			011		5000.00			
	Candidate Name Anne Northup			Category/ Type					
	Office Sought: X House Disburse Senate President State: KY District: 3		i06 ieneral		Contribution				
s	UBTOTAL of Disbursements This Page (optional)			►		6500.00			
	OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		3X)	Use sepe	erate schedule(s))			E NUMBI	ER:		P	AGE	64 / 6	6
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or	for commercial purposes, other than us	ing the name	e and addre	ss of any politica	l con	nmit	tee to s	olicit con	tributi	ons fro	m such	comm	nittee	
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC													
<u>ب</u>	Full Name (Last, First, Middle Initial)							Tran	sacti	on ID:	169075	587		
Α.	Simmons For Congress							Date		sburse		V V	V	V
	Mailing Address P.O. Box 268	Drawer 27	1					0 9	M	1	8 /	Ź	0 ð 6	
	City		State	Zip Code				Amo	unt of	fEach	Disburs	ement	this F	Period
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	Candidate Name Rep. Robert Simmons					ateç Typ	gory/ be							
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	State: CT District: 2													
В.	Full Name (Last, First, Middle Initial) Friends of Mike Sodrel							_		on ID: sburse	169666 ment		V	X
	Mailing Address PO Box 1071							0 9	M	2	5	Ź	o ò e	T
	City Jeffersonville		State IN	Zip Code 47130				Amo	unt o	fEach	Disburs	U		
	Purpose of Disbursement Contribution					01	1					1	000.0	00
	Candidate Name Michael Sodrel					-	jory/							
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	State: IN District: 9			,, j / V										
C.	Full Name (Last, First, Middle Initial) Spratt For Congress Committee									sburse		530		
	Mailing Address PO Box 830							0 [™] 9	М	^D 1	B /	Ý Ž	o ò e	Y
	City York		State SC	Zip Code 29745				Amo	unt o	f Each	Disburs	ement	this F	Period
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	Candidate Name Rep. John Spratt, Jr.					ateg Typ	gory/ be							
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Ľ	OTAL This Period (last page this line r	umber only)				••••	•							

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	NUMBER: PAGE 65/66
ITEMIZED DISBURSEMENTS		for each category of the	(check onl	y one)] 22 X 23 24 25 26
		Detailed Summary Page	27	28a 28b 28c 29 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
\rangle	Kindred Healthcare, Inc. PAC			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: 16907586
Α.	Sweeney For Congress Inc			Date of Disbursement
	Mailing Address Post Office Box 1465		09 ^M / 18 ^D / 2006 ^Y	
		State Zip Code NY 12065		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	750.00
	Candidate Name Rep. John Sweeney		Category/ Type	
	Senate President	ement For: 2006 Primary X General Other (specify) ▼		Contribution
	State: NY District: 20			
в.	Full Name (Last, First, Middle Initial) Friends of John Tanner			Transaction ID: 17073368 Date of Disbursement
	Mailing Address Post Office Box 1994			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \begin{array}{c} D \\ 2 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \\ 2 \end{array} \\ \begin{array}{c} V \\ V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V $
	2	State Zip Code TN 38281		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	2000.00
	Candidate Name John Tanner		Category/ Type	
	Office Sought: X House Disburse Senate President State: TN District: 8	ement For: 2006 Primary X General Other (specify) ▼		Contribution

SUBTOTAL of Disbursements This Page (optional)	►	2750.00
TOTAL This Period (last page this line number only)	►	38500.00
FEC Schedule B (Form 3X) Rev. 02/2003		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 66 / 66					
ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check onl	y one)						
	Detailed Summary Page	21b	22 23 28a 28b	24 25 26 28c x 29 30b					
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or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
Kindred Healthcare, Inc. PAC									
/									
Full Name (Last, First, Middle Initial)			Transaction ID: 17						
A. Kindred Healthcare KY PAC			Date of Disbursement						
Mailing Address 680 South Fourth Avenue)		0°9 [′] ² 5	Ý Ž0Ŏ6Ŭ					
2	State Zip Code KY 40202		Amount of Each Disbursement this Period						
Purpose of Disbursement				1000.00					
Contribution		011							
Candidate Name									
		Туре							
Office Sought: House Disburse			Contribution						
Senate	Primary General								
President	Other (specify)								
State: District:									

		1000.00
SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	►	1000.00
FEC Schedule B (Form 3X) Rev. 02/2003		