02/18/2008 17:15

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LABEL E OR PRINT ₩	Example:If ty over the lines				
Ш	Kindred Healthcare, Inc. PA	C						
Ш								
AD	DRESS (number and street)	680 S	. Fourth St.				1 1 1 1 1	
	Check if different than previously reported. (ACC)	Louis	/ille			LKY	40202	-
2.	FEC IDENTIFICATION NU	MBER	▼	CITY 🛕		STATEA	ZIPCC	DDE 🛕
	C00242271		3.	IS THIS REPORT	NEW (N) OR		AMENDED A)	
4.	TYPE OF REPORT (Choose One)	` /	Due On:	eb 20 (M2)	May 20 (M5) Jun 20 (M6)	H	ng 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:		H	` ′		H		(Non-Election Year Only)
	April 15 Quarterly Report(0	Q1) -	A	pr 20 (M4)	Jul 20 (M7)		et 20 (M10)	Jan 31 (YE)
	July 15 Quarterly Report(0	Q2) (PRE-Election Report for the:	Primary Convent	(12P) ion (12C)	General	` ' Ш	Runoff (12R)
	Quarterly Report(0 January 31 Quarterly Report()		Elec	etion on			in the State	
	July 31 Mid-Year Report(Non-electi Year Only) (MY)	Sii ,	d) 30-Day Post -Election Report for the:	General	(30G)	Runoff	(30R)	Special (30S)
	Termination Repo (TER)		Elec	etion on			in the State	
5.	Covering Period 0	1 (2008	throu	igh 0 1	3 1	2008	
l ce	ertify that I have examined this	•		nowledge and belief	f it is true, correct	and complete		
Тур	oe or Print Name of Treasurer	Han	Robinson					
Sig	nature of Treasurer Electron	onically File	ed by Hank Robin	ıson		Date 0.2	2 18	2008
NO	TE : Submission of false, erro	oneous, or	ncomplete informat	ion may subject the	person signing th	is Report to th	ne penalties of 2 U	.S.C 437g.
	Office Use						FEC FOF (Rev. 12/20	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Kindred Healthcare, Inc. PAC

FEC Form 3X (Rev. 02/2003)

Report Covering the Period:

м м 0 1 From:

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

D D D 1

2008

м м 0 1

^D 31

2008

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1 Ž00Š Y Y		48684.55
	(b) Cash on Hand at Begining of Reporting Period	48684.55	
	(c) Total Receipts (from Line 19)	15810.34	15810.34
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64494.89	64494.89
7.	Total Disbursements (from Line 31)	10500.00	10500.00
l.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53994.89	53994.89
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name Kindred Healthcare, Inc. PAC

Report Covering the Period:

м м 0 1

From:

01

2008

To:

м м 0 1 ^D 3 1

2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	624.60	624.60
	(ii) Unitemized	10185.74	10185.74
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	10810.34	10810.34
	b) Political Party Committees	0.00	0.00
•	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10810.34	10810.34
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to	o Federal candidates and Other Political Committees	5000.00	5000.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds		
((a) Non-Federal Account (from Schedule H3)	0.00	0.00
((b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15810.34	15810.34
	otal Federal Receipts subtract Line 18(c) from Line 19)	15810.34	15810.34

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENT	S	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Fe 	—— deral		
Activity (from Schedule		0.00	0.00
(i) Federal Share	<u>L</u>	0.00	0.00
(ii) Non-Federal Share		0.00	0.00
(b) Other Federal Operatinon Expenditures	·	0.00	0.00
(c) Total Operating Expend		0.00	0.00
(add 21(a)(i), (a)(ii) and 2. Transfers to Affiliated/Other		0.00	0.00
Committees		0.00	0.00
Federal Candidates/Committe and Other Political Committe	es	10500.00	10500.00
 Independent Expenditure (use Schedule E) 		0.00	0.00
 Coordinated Expenditures M Committees (2 U.S.C. 441a (use Schedule F) 	ade by Party	0.00	0.00
6. Loan Repayments Made		0.00	0.00
7. Loans Made		0.00	0.00
 Refunds of Contributions To (a) Individuals/Persons Oth Than Political Committee 	er	0.00	0.00
		0.00	0.00
(b) Political Party Committee(c) Other Political Committee		0.00	0.00
(such as PACs)		0.00	0.00
(d) Total Contribution Refu		0.00	0.00
(add Lines 28(a), (b), ar	id (c))	0.00	0.00
9. Other Disbursements		0.00	0.00
Federal Election Activity (2 L (a) Shared Federal Election			
(from Schedule H6)	Activity		
(i) Federal Share	<u>L</u>	0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity With Federal Funds	· ·	0.00	0.00
(c) Total Federal Election A Lines 30(a)(i), 30(a)(ii)	ctivity (add	0.00	0.00
Total Disbursements (add Li	nes 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29	and 30(c))	10500.00	10500.00
2. Total Federal Disbursement			
(subtract Line 21(a)(ii) and L from Line 31)	ine 30(a)(ii)	10500.00	10500.00
	L	1000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	10810.34	10810.34
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	10810.34	10810.34
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

FE6AN026

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 9 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and Star or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Massa For Congress Mailing Address 59 East Market Street Suite 244 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	NY 14830 C C00411306	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	Refund of contribution dated 10/15/2007

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

A.

В.

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 7/9 (check only one) X 11a 11b 11c 12
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) William M Altman		Date of Receipt
Mailing Address 680 S. Fourth Stree	t	M " M / D " D / Y " Y " Y " Y
City	State Zip Code	Transaction ID: PR1094198013036
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer Kindred Healthcare Inc.	Occupation SVPComplGovtProg&IntAudit	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi- Weekly)
Full Name (Last, First, Middle Initial) Traci Shelton	•	Date of Receipt
Mailing Address 2800 Nelson Way	Apt. 506	M " M / D " D / Y " Y " Y " Y
City	State Zip Code	Transaction ID: PR1094200613036
Santa Monica	CA 90405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-West Group-HD	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D D . I . I' (\$100.00 B)
Other (specify)	240.00	P/R Deduction (\$120.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	624.60
TOTAL This Period (last page this line number only)	→	624.60

Detailed Summary Page 22 x 28 28 29 24 28 28 28 29 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee of contributions from such committee to solicit contributions from such committee of contributions from such committee to solicit contributions from such committee of contribution from such committee of contribution of c	SCHEDULE B (I TEMIZED DISR		-		arate schedule(s) category of the		_		NUMB y one)	ER:		L	PAGE	8/9	
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nome (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 South Capitol Street, SE 2nd Floor City State Zip Code DC 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) NoDak PAC Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: 23255926 Date of Disbursement this Transaction ID: 23285236 Date of Disbursement this Transaction ID: 2328				Detailed S	Summary Page			27	28a	X	28b	28	Sc _	29	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington State Zip Code DC 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Persident District: Full Name (Last, First, Middle Initial) NoDak PAC Mailing Address P.O. Box 75214 City Washington DC 20013 Transaction ID: 23134444 Date of Disbursement this 2000.0 Amount of Each Disbursement this Contribution Transaction ID: 23154444 Date of Disbursement this 2000.0 Contribution Contribution Transaction ID: 23154444 Amount of Each Disbursement this Transaction ID: 23255926 Date of Disbursement Office Sought: President DC 20013 Amount of Each Disbursement this Transaction ID: 23255926 Date of Disbursement this D1 1															S
Democratic Congressional Campaign Committee Mailing Address	NAME OF COMMITT	TEE (In Full)													
City Washington State Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Disbursement For: Senate Primary General Disbursement Unit State: District: Full Name (Last, First, Middle Initial) Purpose of Disbursement Contribution Candidate Name City Washington Disbursement For: Senate Primary General Other (specify) ▼ City Washington Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Disbursement this Transaction ID: 23255926 Date of Disbursement this Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate President Senate President District: Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller Mailing Address P.O. Box 1909 City Charleston State Zip Code WV 25327 Purpose of Disbursement Contribution Candidate Name State Zip Code WV 25327 Purpose of Disbursement Contribution City Charleston State Zip Code WV 25327 Amount of Each Disbursement this Contribution Transaction ID: 23285236 Date of Disbursement this Disbursement this Category' Type Contribution Contribution Of 11 Category' Type Contri	, ,	. ,	gn Comr	mittee					-		-		1444		
Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) NoDak PAC City Senate President Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Contribution Transaction ID: 23255926 Date of Disbursement Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Contribution Category' Type Contribution Transaction ID: 23285236 Date of Disbursement this Contribution Category' Type Contribution Transaction ID: 23285236 Date of Disbursement this Contribution Category' Type Contribution	-		l Street,	SE					0 ^M 1		1	8 /	YZ	Ó 0 Š	3 ^Y
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Full Name (Last, First, Middle Initial) NoDak PAC Mailing Address P.O. Box 75214 City State Zip Code Washington DC 20013 Purpose of Disbursement Contribution Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller Mailing Address P.O. Box 1909 City State Zip Code Primary General Other (specify) ▼ Contribution Transaction ID: 23255926 Date of Disbursement this Contribution Contribution Contribution Transaction ID: 23285236 Date of Disbursement this Contribution Contribution Transaction ID: 23285236 Date of Disbursement Office Sought: Primary General Other (specify) ▼ Amount of Each Disbursement this Contribution Contribution Transaction ID: 23285236 Date of Disbursement Office Sought: Office Sough		Senate President		Primary			- 7 -		Cont	ribut	ion				
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Washington Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller Mailing Address P.O. Box 1909 City State Zip Code Charleston Purpose of Disbursement Contribution Transaction ID: 23285236 Date of Disbursement On M	Mailing Address P.O. Box 75214								0 ^M 1	М	^D 2	^D 4	Y	0 0 8	3 ^Y
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller Mailing Address P.O. Box 1909 City State Zip Code Charleston WV 25327 Purpose of Disbursement Out of Each Disbursement Union Candidate Name Sen. John Rockefeller, IV Office Sought: House Disbursement For: 2008 Reprimary X General Other (specify) ▼ Contribution Candidate Name Sen. John Rockefeller, IV Disbursement For: 2008 Reprimary X General Other (specify) ▼ Contribution	Purpose of Disbursen	nent				Г	011						5	0.000	0
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X Senate															
	-	Senate		Primary	X General				Cont	ribut	ion				
State. WV Blother.	State: WV Dis	_		\-I••	<i>→</i>										

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE (check on 21b 27	E NUMBER: PAGE 9/9 ly one)
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name	, , , ,	· ·
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee Mailing Address P.O. Box 8331		Transaction ID: 23285233 Date of Disbursement D 3 0 Y Y Y Y O N 8
City Fremont Purpose of Disbursement Contribution Candidate Name	State Zip Code CA 94537 011 Category/	Amount of Each Disbursement this Period 2500.00
Rep. Fortney Stark Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	Contribution

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	10500.00