

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Kindred Healthcare, Inc. PAC

ADDRESS (number and street) 680 S. Fourth St.
 Check if different than previously reported. (ACC)
Louisville KY 40202

2. **FEC IDENTIFICATION NUMBER** C00242271
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 30 2010

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 15 2010

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35053.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	34671.52									
(c) Total Receipts (from Line 19)	32657.70	133796.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67329.22	168850.51								
7. Total Disbursements (from Line 31)	19000.00	120521.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48329.22	48329.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	29869.70	83095.90
(ii) Unitemized	2788.00	49700.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32657.70	132796.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32657.70	132796.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32657.70	133796.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32657.70	133796.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	221.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	221.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	114500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	800.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19000.00	120521.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	120521.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	32657.70	132796.60
34. Total Contribution Refunds (from Line 28(d))	0.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32657.70	131996.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	221.29
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	221.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 53
(check only one)
 11a 11b 11c 12
 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 or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

<p>A. Full Name (Last, First, Middle Initial) Jonathan Blum</p> <p>Mailing Address 702 Shady Lane</p> <p>City State Zip Code Louisville KY 40223-2248</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Board of Directors</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 14 / 2010</p> <p>Transaction ID: 36788036</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Eddy J. Rogers, Jr.</p> <p>Mailing Address 600 Travis Street</p> <p>City State Zip Code Houston TX 77002-3009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Board of Directors</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 24 / 2010</p> <p>Transaction ID: 37064028</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Hank Robinson</p> <p>Mailing Address 4110 Elmwood Avenue</p> <p>City State Zip Code Louisville KY 40207-2128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare, Inc. Occupation Vice President of Tax</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 09 / 24 / 2010</p> <p>Transaction ID: 37064032</p> <p>Amount of Each Receipt this Period 2500.00</p>
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SUBTOTAL of Receipts This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

<p>A. Full Name (Last, First, Middle Initial) Phyllis Yale</p> <p>Mailing Address 14 Moon Hill Road</p> <p>City State Zip Code <u>Lexington</u> MA 02421-6113</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Occupation Board of Directors</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 09 / 24 / 2010</p> <p>Transaction ID: 37064034</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas P Cooper</p> <p>Mailing Address P.O. Box 3335</p> <p>City State Zip Code <u>Rancho Santa Fe</u> CA 92067-3335</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Board of Directors</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 09 / 17 / 2010</p> <p>Transaction ID: 37064229</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Isaac Kaufman</p> <p>Mailing Address 8204 Township Drive</p> <p>City State Zip Code <u>Owings Mills</u> MD 21117-5416</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kindred Healthcare Inc. Occupation Board of Directors</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 4000.00</p>	<p>Date of Receipt 09 / 17 / 2010</p> <p>Transaction ID: 37064479</p> <p>Amount of Each Receipt this Period 4000.00</p>
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SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Teresa S Anderson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7115 Coachwood Drive	Transaction ID: PR1094183720386
	City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Edward L Kuntz	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8807 Stable Crest Boulevard	Transaction ID: PR1094183920386
	City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1900.00	

C.	Full Name (Last, First, Middle Initial) David R Windhorst	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2000 Spring Farms Road	Transaction ID: PR1094185020386
	City State Zip Code Floyds Knobs IN 47119	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00	

SUBTOTAL of Receipts This Page (optional)	▶	320.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Lawrence I Wolf		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4826 N Winthrop Ave #3S		Transaction ID: PR1094185120386
	City Chicago	State IL	Zip Code 60640
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Health Info Tech Strateg	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

B.	Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10602 Taylor Farm Ct		Transaction ID: PR1094185620386
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00		

C.	Full Name (Last, First, Middle Initial) Catherine A Gooch		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14516 Clear Meadow Court		Transaction ID: PR1094185920386
	City Louisville	State KY	Zip Code 40245
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional)	▶	170.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Patrick J Gillenwater	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 402 Erin Drive	Transaction ID: PR1094186420386
	City State Zip Code Jeffersonville IN 47130	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir IS Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 332.50	P/R Deduction (\$17.50 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) William B Seibert	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4706 Wolfcreek Pkwy	Transaction ID: PR1094187420386
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 570.00	P/R Deduction (\$30.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Deborah F Rickert	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7003 Shallow Lake Road	Transaction ID: PR1094187720386
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 475.00	P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	145.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Charles Wardrip		Date of Receipt
	Mailing Address 2805 Chestnut Ridge Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Louisville	KY	40245
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP IS Ops & Telecomm	Transaction ID: PR1094187920386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 755.00	<input type="text"/> 70.00
			P/R Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Stephen M Dobler		Date of Receipt
	Mailing Address 1106 Holly Springs Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Louisville	KY	40242
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP IS Finance & Admin	Transaction ID: PR1094188020386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 855.00	<input type="text"/> 90.00
			P/R Deduction (\$45.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Terry Carrico		Date of Receipt
	Mailing Address 3011 Wolf Lair Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	New Albany	IN	47150
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr Dir Clin Systems Dev	Transaction ID: PR1094188220386
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 380.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Steven J Paynter		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3105 Crestmoor Court		Transaction ID: PR1094188420386		
	City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch	Aggregate Year-to-Date 380.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Martin Ardron		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 41 La Sierra Dr.		Transaction ID: PR1094189120386		
	City Phillips Ranch	State CA	Zip Code 91766	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer Kindred Healthcare Inc.	Occupation Div VP Hosp Rehab-PRS	Aggregate Year-to-Date 475.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael Metzger		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 129 Foley Rd		Transaction ID: PR1094189320386		
	City West Point	State VA	Zip Code 23181	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)		
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	Aggregate Year-to-Date 285.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Jan Turk		Date of Receipt
	Mailing Address 1314 Amelia St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	New Orleans	LA	70115
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094190020386
Name of Employer Kindred Healthcare Inc.		Occupation Resource CEO HD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	40.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Larry Foster		Date of Receipt
	Mailing Address 1134 W. Granville Avenue Unit 815		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Chicago	IL	60660
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094190320386
Name of Employer Kindred Healthcare Inc.		Occupation Chief Exec Off III	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	50.00
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jack Shapiro		Date of Receipt
	Mailing Address 22591 Covington Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Deer Park	IL	60010
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094190420386
Name of Employer Kindred Healthcare Inc.		Occupation Division VP-HD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	100.00
			P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2448 Middle River Dr.		Transaction ID: PR1094191320386
	City Ft. Lauderdale	State FL	Zip Code 33305
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

B.	Full Name (Last, First, Middle Initial) Sean R Muldoon		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 239 Fairfax Avenue		Transaction ID: PR1094192220386
	City Louisville	State KY	Zip Code 40207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00		

C.	Full Name (Last, First, Middle Initial) Deborah R Doddridge		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 312 Hill Street NW		Transaction ID: PR1094193020386
	City Depauw	State IN	Zip Code 47115
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Procure Sys & Capital	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	230.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Joel W Day	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2017 Spring Farms Drive	Transaction ID: PR1094193120386
	City State Zip Code Floyds Knobs IN 47119	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Susan Moss	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 161 Westwind Road	Transaction ID: PR1094193320386
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

C.	Full Name (Last, First, Middle Initial) Michael C Lozier	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7028 Westridge Forest Court	Transaction ID: PR1094193720386
	City State Zip Code Lanesville IN 47136	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Purch Contract Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 53
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City Prospect State KY Zip Code 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094193920386
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Dennis J Hansen

Mailing Address 1791 Connor Station Road

City Simpsonville State KY Zip Code 40067

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-HSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094194120386
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City Louisville State KY Zip Code 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094194220386
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Mary L Dennison		Date of Receipt
	Mailing Address 4678 Mount Eden Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Shelbyville	KY	40065
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094194820386
Name of Employer Kindred Healthcare Inc.		Occupation Mgr Reimb	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Michael J Bean		Date of Receipt
	Mailing Address 8011 Kendrick Crossing Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Louisville	KY	40291
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094195120386
Name of Employer Kindred Healthcare Inc.		Occupation VP Tax Planning	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Anne S Woods		Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Louisville	KY	40241
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094195420386
Name of Employer Kindred Healthcare Inc.		Occupation VP Internal Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 684.00	<input type="text"/> 72.00
			P/R Deduction (\$36.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 152.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Stephanie J Warren		Date of Receipt 09 / 30 / 2010
	Mailing Address 2169 Balmer-Fenwick Road		Transaction ID: PR1094195720386
	City Floyds Knobs	State IN	Zip Code 47119
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

B.	Full Name (Last, First, Middle Initial) John Lucchese		Date of Receipt 09 / 30 / 2010
	Mailing Address 14401 Broad Oak Place		Transaction ID: PR1094195920386
	City Louisville	State KY	Zip Code 40245
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

C.	Full Name (Last, First, Middle Initial) Rose M Michels		Date of Receipt 09 / 30 / 2010
	Mailing Address 6503 Chenoweth Run Road		Transaction ID: PR1094196020386
	City Louisville	State KY	Zip Code 40299
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Joseph Landenwich
Mailing Address 2213 Wrocklage Ave.
City State Zip Code
Louisville KY 40205
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094196320386
Amount of Each Receipt this Period 120.00
P/R Deduction (\$60.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Arthur L Rothgerber
Mailing Address 8325 Regency Woods Way
City State Zip Code
Louisville KY 40220
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 437.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094196420386
Amount of Each Receipt this Period 46.00
P/R Deduction (\$23.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Linda M O'Bryan
Mailing Address 1614 Sylvan Way
City State Zip Code
Louisville KY 40205
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VPPatient Care &Quality-H
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094196720386
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 206.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Douglas Curnutte	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1014 Springside Way	Transaction ID: PR1094197220386
	City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 285.00	

B.	Full Name (Last, First, Middle Initial) Brian L Caudill	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1647 Beechwood Avenue	Transaction ID: PR1094197320386
	City State Zip Code Louisville KY 40204	Amount of Each Receipt this Period 52.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$26.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 494.00	

C.	Full Name (Last, First, Middle Initial) Mary R Russell	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7300 Wood Rock Rd	Transaction ID: PR1094197620386
	City State Zip Code Louisville KY 40291	Amount of Each Receipt this Period 44.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 418.00	

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
William M Altman

Mailing Address 9103 Lexington Lane

City State Zip Code
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094198020386

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Bobby V Bas

Mailing Address 2084 Wind River Road

City State Zip Code
El Cajon CA 92019

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Radiology Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094198320386

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
J. Harold Walker

Mailing Address 429 Freedom Trail

City State Zip Code
Sparta TN 38583

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094200120386

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **429.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Michael Comer	Date of Receipt 09 / 30 / 2010
	Mailing Address 12 Lewis	Transaction ID: PR1094200420386
	City State Zip Code Irvine CA 92620	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 665.00	P/R Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Traci Shelton	Date of Receipt 09 / 30 / 2010
	Mailing Address 2913 3rd. Street # 201	Transaction ID: PR1094200620386
	City State Zip Code Santa Monica CA 90405	Amount of Each Receipt this Period 380.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & COO-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 3520.00	P/R Deduction (\$190.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Steven Monaghan	Date of Receipt 09 / 30 / 2010
	Mailing Address 508 W. Melrose #7-A	Transaction ID: PR1094200720386
	City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP-Cent Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1140.00	P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	570.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) John Miner	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4730 Dunnie Drive	Transaction ID: PR1094202120386
	City Tampa State FL Zip Code 33614	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Pamela Marie Riter	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 300 Beach Dr. N.E. Unit 2301	Transaction ID: PR1094202420386
	City St. Petersburg State FL Zip Code 33701	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) Julie Feasel	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6211 Iroquios Ct.	Transaction ID: PR1094203020386
	City Odessa State FL Zip Code 33556	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Charles D Doten

Mailing Address 7644 Harbour Blvd.

City Miramar State FL Zip Code 33023

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1094203620386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Timothy L Simpson

Mailing Address 140 Pioneer Trail

City Green Cove Springs State FL Zip Code 32043

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Executive Director II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1094204320386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
James D Thigpen

Mailing Address 355 Woolsey Brooks Rd.

City Fayetteville State GA Zip Code 30215

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1094204620386

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) E. Jane Jackson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 43171 Buttermere Terrace		Transaction ID: PR1094205120386
	City Ashburn	State VA	Zip Code 20147
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Bus Implement-HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) James J Novak		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9680 Ridgewalk Court		Transaction ID: PR1094205320386
	City Davie	State FL	Zip Code 33328
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
	Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Reg-HD	P/R Deduction (\$42.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00		

C.	Full Name (Last, First, Middle Initial) Sally I Hoffmann		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 13713 Rothman Tate Place		Transaction ID: PR1094205720386
	City Riverview	State FL	Zip Code 33579
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	144.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Donna Kelsey		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2075 E. Tivoli Hills Drive		Transaction ID: PR1094210120386
	City State Zip Code Draper UT 84020	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-West Reg-HSD	P/R Deduction (\$25.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Katherine Davis		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8419 Oxford Woods Court		Transaction ID: PR1094210220386
	City State Zip Code Louisville KY 40222	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Case Mgmt-HSD	P/R Deduction (\$15.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Anita Tillery		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3512 Raytee Drive		Transaction ID: PR1094211020386
	City State Zip Code Chesapeake VA 23323	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Area Executive Dir	P/R Deduction (\$20.00 Bi-Weekly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Donna M Nackers	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1760 Waters Ferry Drive	Transaction ID: PR1094212520386
	City State Zip Code Lawrenceville GA 30043	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Celeste M Bentley	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4 Stuart Drive	Transaction ID: PR1094213320386
	City State Zip Code Barrington NH 03825	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Lane M Bowen	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10966 Secret View Drive	Transaction ID: PR1094213620386
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Michael W Beal		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10 Glenwood Road		Transaction ID: PR1094214120386
	City Windham	State NH	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-East Reg-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

B.	Full Name (Last, First, Middle Initial) Susan A Kesterson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2334 Heritage Dr		Transaction ID: PR1094216220386
	City Corona	State CA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

C.	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 433 S. Plantation		Transaction ID: PR1094217620386
	City Cookeville	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Angela Beth Sutton

Mailing Address 17460 Farmington Square Rd.

City Granger State IN Zip Code 46530

FEC ID number of contributing federal political committee. **C**

Name of Employer Regency Place Of South Bend Occupation Dist Dir Operations I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1094218220386

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mark S Pfeifer

Mailing Address 11014 Brave Ct.

City Indianapolis State IN Zip Code 46236

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1094218420386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Gloria J Miller

Mailing Address 100 Village Circle Way # 1104

City Durham State NC Zip Code 27713

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1094222120386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Ronald D Long	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 148 Cheyenne Road	Transaction ID: PR1094224520386
	City State Zip Code Shelbyville KY 40065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir Contract Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Stephen F. Stoess	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 514 Locust Creek Blvd.	Transaction ID: PR1094224620386
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 46.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 444.60	P/R Deduction (\$23.40 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) James E. Bell	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14213 Aiken Road	Transaction ID: PR1094225020386
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	106.80
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Paul R. Eiseman

Mailing Address 3714 Fringe Tree Place

City State Zip Code
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Bus Dev & Phys Rel-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1094225820386

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Catharine C Young

Mailing Address 6303 Deep Creek Drive

City State Zip Code
Prospect KY 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP & Employment Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1094228020386

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mary W Miller

Mailing Address 3611 Glenfield Court

City State Zip Code
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Education-HSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1094228420386

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Charles K. Currens

Mailing Address 7801 McCarthy Lane

City State Zip Code
Louisville KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094229120386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Keith Krein

Mailing Address 3227 North 88th Street

City State Zip Code
Mesa AZ 85207

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094229820386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Patricia M McGillan

Mailing Address 510 Altagate Rd

City State Zip Code
Louisville KY 40206

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1094229920386

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Barbara L Baylis	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7212 Deer Ridge Road	Transaction ID: PR1094230020386
	City Prospect State KY Zip Code 40059	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) Mary J Yesue	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address P. O. Box 921	Transaction ID: PR1094232120386
	City York Harbor State ME Zip Code 03911	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Edward J Goddard	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 32 Peters Lane	Transaction ID: PR1094233520386
	City Wrentham State MA Zip Code 02093	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey F Lockett		Date of Receipt 09 / 30 / 2010
	Mailing Address 7701 Kendrick Crossing Lane		Transaction ID: PR1094234420386
	City Louisville	State KY	Zip Code 40291
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	P/R Deduction (\$22.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00		

B.	Full Name (Last, First, Middle Initial) Peter D Corless		Date of Receipt 09 / 30 / 2010
	Mailing Address 3308 Overlook Ridge Rd		Transaction ID: PR1094235220386
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

C.	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt 09 / 30 / 2010
	Mailing Address 2615 Zhale Smith Rd.		Transaction ID: PR1094235420386
	City LaGrange	State KY	Zip Code 40031
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional)	▶	144.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Douglas Roth

Mailing Address 9891 Heytesbery

City State Zip Code
Sandy UT 84092

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West RegHSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1094237320386

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Douglas T Collins

Mailing Address 3703 River Bluff Road

City State Zip Code
Prospect KY 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys-HSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1094241220386

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Linda L Newberry-Ferguson

Mailing Address 11310 Haleco Lane

City State Zip Code
Hales Corners WI 53130

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: PR1094241920386

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Diana Hanyak

Mailing Address 17057 Rosebud Dr.

City State Zip Code
Yorba Linda CA 92886

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Administrator II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1094243420386

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Philip L. Jones

Mailing Address 702 Helmsdale Place N.

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1094243520386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Raymond J Sierpina

Mailing Address 14 Westwind Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Public Pol &GovtAffair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1775.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1094246620386

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Steven Tanner	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1059 Mt Vernon Dr	Transaction ID: PR1094246820386
	City State Zip Code Greenwood IN 46142	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Mark A Bush	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8200 Adams Run Road	Transaction ID: PR1094247120386
	City State Zip Code Louisville KY 40228	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Business Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

C.	Full Name (Last, First, Middle Initial) Thomas Wood	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2949 Glascock Street	Transaction ID: PR1094247220386
	City State Zip Code Oakland CA 94601	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 53
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Gwynn Rucker

Mailing Address 15106 59th Place NE

City State Zip Code
Kenmore WA 98028

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1094247820386

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Sharon J Spittle

Mailing Address 26 Estes Street

City State Zip Code
Ipswich MA 01938

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Area Executive Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1094250020386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Benjamin A Breier

Mailing Address 5400 Farm Ridge Lane

City State Zip Code
Prospect KY 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 552.30

Date of Receipt MM / DD / YYYY
09 / 30 / 2010

Transaction ID: PR1094250920386

Amount of Each Receipt this Period 212.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **312.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Peter J Adamo	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5105 Muirfield Dr	Transaction ID: PR1105504520386
	City State Zip Code Pepper Pike OH 44124	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Director I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 310.00	

B.	Full Name (Last, First, Middle Initial) Steve Ross	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 35069 Roberts Lane	Transaction ID: PR1135252620386
	City State Zip Code St Helens OR 97051	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 400.00	

C.	Full Name (Last, First, Middle Initial) Josephine Litzenberger	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201	Transaction ID: PR1135286920386
	City State Zip Code St Petersburg FL 33716	Amount of Each Receipt this Period 36.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Managed Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 342.00	

SUBTOTAL of Receipts This Page (optional)	116.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Gregory T Hayden	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7207 Trail Ridge Court	Transaction ID: PR1150400120386
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Rachael L Parker	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 70 Birch Ridge Rd	Transaction ID: PR1150411120386
	City State Zip Code Westford VT 05494	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$10.00 Weekly)

C.	Full Name (Last, First, Middle Initial) Pamela M Bresee	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4155 SW 192nd Avenue	Transaction ID: PR1227852420386
	City State Zip Code Aloha OR 97007	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Russell D Ragland	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9902 Palace Green Way	Transaction ID: PR1267998120386
	City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00	

B.	Full Name (Last, First, Middle Initial) Catherine Nurmela	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1409 W. Elmdale	Transaction ID: PR1267998420386
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Donna Sroczynski	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 399 Fountain Drive	Transaction ID: PR1281185320386
	City State Zip Code Elgin IL 60124	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Diane L. Otteman

Mailing Address 40 East Cedar
Apt. #21A

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1300206420386

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Rita D Simmons

Mailing Address 200 Franck Avenue

City State Zip Code
Louisville KY 40206

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1333437020386

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mark D. Johnson

Mailing Address 3011 Springcrest Drive

City State Zip Code
Louisville KY 40241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Supp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1336786720386

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

92.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 53
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Ann Bumb

Mailing Address 9301 S. Mitthoeffer Road

City Indianapolis State IN Zip Code 46259

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir Quality Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1336786920386
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Patrick Herm

Mailing Address 1910 Woodfield Road

City Louisville State KY Zip Code 40220

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc Occupation Reg Financial Ana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1336787120386
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ross A Johnson

Mailing Address 5221 Moccasin Trail

City Louisville State KY Zip Code 40207

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Recruiting-PRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1359729020386
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
James C Hansen
Mailing Address 1944 South 275 East
City Clearfield State UT Zip Code 84015
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR1394177120386
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mary D Van De Kamp
Mailing Address 251 Arbor Lane
City Green Bay State WI Zip Code 54301
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clinical Ops-PRS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR1408953120386
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Pamela A. Justice
Mailing Address 5912 Mercury Dr
City Louisville State KY Zip Code 40291
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR1408953220386
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Deborah A Foushee

Mailing Address 1106 Indiana Ave.

City State Zip Code
New Albany IN 47150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kindred Healthcare Inc. State Dir of Risk Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 304.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1425258820386

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Katherine W Gilchrist

Mailing Address 1668 Victory Court

City State Zip Code
Prospect KY 40059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kindred Healthcare Inc. Sr VP Finance-PRS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1524244420386

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Linda Larson

Mailing Address 30021 51st Court S

City State Zip Code
Auburn WA 98001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kindred Healthcare Inc. Executive Dir II

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1559851920386

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

112.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Christopher Murphy	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 17108 Deercrossing Trail	Transaction ID: PR1582894520386
	City State Zip Code Fisherville KY 40023	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Central Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 380.00	

B.	Full Name (Last, First, Middle Initial) Mark Guth	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 28746 Little Big Horn Drive	Transaction ID: PR1604601520386
	City State Zip Code Evergreen CO 80439	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Sales & MktngHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 285.00	

C.	Full Name (Last, First, Middle Initial) Mary Jane Dailey	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10411 Loving Trail Drive	Transaction ID: PR1618127520386
	City State Zip Code Frisco TX 75035	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
	Name of Employer Kindred Healthcare, Inc. Occupation VP & CCO-East Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1900.00	

SUBTOTAL of Receipts This Page (optional)	270.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Michael Lawson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2385 Nutwood Place		Transaction ID: PR1618128720386
	City Manteca	State CA	Zip Code 95336
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00		

B.	Full Name (Last, First, Middle Initial) Darrin Hull		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 277 Bark River Court		Transaction ID: PR1622380120386
	City Delafield	State WI	Zip Code 53018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

C.	Full Name (Last, First, Middle Initial) Susan D. Rose		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3402 Acacia Avenue		Transaction ID: PR1622380220386
	City Shepherdsville	State KY	Zip Code 40165
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Karen O Moore

Mailing Address 40 Main Street
Apt. A

City Shelburne Falls State MA Zip Code 01370

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1622380320386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$10.00 Weekly)

B. Full Name (Last, First, Middle Initial)
Robert Groezinger

Mailing Address 25537 Jane Street

City San Bernardino State CA Zip Code 92404

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Area Mgr Maint

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1668092320386

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jeff Hoehn

Mailing Address 5912 N. Shoreland Avenue

City Milwaukee State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Occupation Dist Dir Operations I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1774751620386

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 53
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Stacie M Bratcher

Mailing Address 6605 Heritage Hills Street

City State Zip Code
Crestwood KY 40014

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Occupation VP Hosp Rehab Srvcs-PRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1774751820386

Amount of Each Receipt this Period 140.00

P/R Deduction (\$70.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Philip B Ragsdell

Mailing Address 12004 Log Cabin Lane

City State Zip Code
Louisville KY 40223-2218

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Occupation Dir Customer Supp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1784229520386

Amount of Each Receipt this Period 44.00

P/R Deduction (\$22.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Lawrence J. Toye

Mailing Address 3 September Lane

City State Zip Code
Burlington MA 01803-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1784230820386

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **224.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 53	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Carol Faló		Date of Receipt	
	Mailing Address 7041 Clubview Dr		M M / D D / Y Y Y Y 09 / 30 / 2010	
	City	State	Zip Code	Transaction ID: PR1784231520386
	Bridgeville	PA	15017-3600	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		40.00		
Name of Employer Kindred Healthcare		Occupation Chief Clinical Off II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
				P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	29869.70

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36729088</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36729090</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Driehaus For Congress</p> <p>Mailing Address 650 Fox Trails Way</p> <p>City Cincinnati State OH Zip Code 45233</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Steven Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36729091</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 52 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name National Republican Congressional Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 36729093 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Toomey For Senate Committee</p> <p>Mailing Address 2720 Jordan Road</p> <p>City Orefield State PA Zip Code 18069</p> <p>Purpose of Disbursement Contribution Candidate Name Mr. Patrick Toomey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:</p>	<p>Transaction ID: 36729095 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Richard Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02</p>	<p>Transaction ID: 36729098 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Crowley For Congress Mailing Address 84-56 Grand Avenue City Elmhurst State NY Zip Code 11373 Purpose of Disbursement Contribution Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36729099 Date of Disbursement 09 / 14 / 2010 Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Conway For Senate Mailing Address PO Box 6168 City Louisville State KY Zip Code 40206 Purpose of Disbursement Contribution Candidate Name John William Conway Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36907450 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 2500.00 Contribution
C.	Full Name (Last, First, Middle Initial) Federation of American Hospitals PAC Mailing Address 801 Pennsylvania Avenue, Suite 245 City Washington State DC Zip Code 20004 Purpose of Disbursement Contribution Candidate Name Federation of American Hospitals PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36907492 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 5000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	19000.00