

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 PRINTExample: If typing, type
over the lines

Kindred Healthcare, Inc. Political Action Committee

ADDRESS (number and street)

580 South Fourth Avenue

Check if different
than previously
reported. (ACC)

Louisville

KY

40202

2412

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00242271

3. IS THIS
REPORT

X

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12G)

Election on

11

02

2004

in the
State of

KY

(d) 30-Day
Post-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2004

through

10

13

2004

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

14

2004

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
OnlyFEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. Political Action Committee

Report Covering the Period: From: ^W10TH 01ST 2004 To: ^W10TH 13TH 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		155792.33
(b) Cash on Hand at Beginning of Reporting Period	124719.84	
(c) Total Receipts (from Line 19)	7840.15	105360.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132559.99	261152.87
7. Total Disbursements (from Line 31)	1250.00	129842.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131309.99	131309.99
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. Political Action Committee

Report Covering the Period: From: 10 01 2004 To: 10 13 2004

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)	5991.90	
(ii) Unitemized	1848.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ►	7840.15	104860.54
(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) ►	7840.15	104860.54
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	500.00
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))	7840.15	105360.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7840.15	105360.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	46.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	0.00	46.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	1500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	103000.00
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	288.50
(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	288.50
29. Other Disbursements.....	0.00	25008.00
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))..	1250.00	129842.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1250.00	129842.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7840.15	104860.54
34. Total Contribution Refunds (from Line 28(d))	0.00	288.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7840.15	104572.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	46.38
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	46.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. William M Altman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4
Mailing Address 2701 Sycamore Woods Court		Transaction ID: R59484
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare, Inc.	Occupation SVPCmplGovtProg&IntAudit	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) B. Teresa S Anderson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4
Mailing Address 7115 Coachwood Drive		Transaction ID: R59388
City Georgetown	State IN	Zip Code 47122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Kindred Healthcare, Inc.	Occupation Dir Fin Sys Dev	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. R. Ted Antoon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4
Mailing Address 3917 Brownes Ferry Rd		Transaction ID: R59483
City Charlotte	State NC	Zip Code 28289
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 Pharm-MidAdRegKPS	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ►

95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Martin Andron		Date of Receipt M / D / Y 10 / 04 / 2004	
Mailing Address 77 Rising Hill Road		Transaction ID: R59406	
City Phillips Ranch	State CA	Zip Code 91766	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Reg Dir Hosp Rehab-PRS	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dana L. Arent		Date of Receipt M / D / Y 10 / 12 / 2004	
Mailing Address 8635 Heronswood Cove		Transaction ID: R59741	
City Memphis	State TN	Zip Code 38119	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Oper Off I-HD	Aggregate Year-to-Date ▼ 210.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Grant T. Arent		Date of Receipt M / D / Y 10 / 04 / 2004	
Mailing Address 10902 Bardstown Woods Court		Transaction ID: R59387	
City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Dir Implement Svcs	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) 50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Sharon A. Barnard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 1937 Sr 16 West		Transaction ID: R59693
City Green Cove Spgs	State FL	Zip Code 32043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Clinical Off II-HD	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) B. Bobby V. Bass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4
Mailing Address 2084 Wind River Road		Transaction ID: R59674
City El Cajon	State CA	Zip Code 92013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Kindred Healthcare, Inc.	Occupation Radiology Mgr	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) C. Frank Battafarano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4
Mailing Address 2700 Little Hills Lane		Transaction ID: R59413
City Anchorage	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kindred Healthcare, Inc.	Occupation President-HD	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 8702 Kingslook Court		Transaction ID: R59574	
City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Sr VP Clin & Res Svcs-HSD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Michael W Beal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 10 Glenwood Road		Transaction ID: R59525	
City Windham	State NH	Zip Code 03087	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Sr VP-NE Reg-HSD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) Michael J Been		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 8011 Kendrick Crossing Lane		Transaction ID: R59440	
City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Sr Dir Tax Planning		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) **55.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 70
(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. Political Action Committee

A. James E. Bell Full Name (Last, First, Middle Initial) Mailing Address 14213 Aiken Road City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr Dir Div Reimb-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59557 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Calisto M Bentley Full Name (Last, First, Middle Initial) Mailing Address 4 Stuart Drive City State Zip Code Barrington NH 03825 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Dir Util Svcs-HSD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59519 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Linn Billingsley Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 122 City State Zip Code Blue Diamond NV 89004 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59805 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **50.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Anna Ruth Birdwell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 545D Grundy Quarles Hwy		Transaction ID: R59732	
City Bloomington Sprin	State TN	Zip Code 38545	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Dir Nursing III		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
B. Full Name (Last, First, Middle Initial) Gayla Bond		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 7015 Wooded Meadow Rd		Transaction ID: R59578	
City Louisville	State KY	Zip Code 40241	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation VP Human Resources-HD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) Lane M Bowen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 680 South Fourth Ave		Transaction ID: R59521	
City Louisville	State KY	Zip Code 40202	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation President-HSD		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Kurt Brockhausen Mailing Address 1105 18Th Avenue Sw City State Zip Code Great Falls MT 59404 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Pharm Mgr Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59683 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Gail Brockway Mailing Address 8221 53rd avenue west #4B City State Zip Code Mukilteo WA 98275 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir I Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59723 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Scott Bullock Mailing Address 4 Cherrybrook Circle City State Zip Code Sturbridge MA 01580 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Area Executive Dir Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 287.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59505 Amount of Each Receipt this Period 7.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶

27.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Scott Bullock			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 4 Cherrybrook Circle			Transaction ID: R59701	
City	State	Zip Code	Amount of Each Receipt this Period 7.00	
Sturbridge	MA	01566	Payroll Deduction	
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 ▼ 287.00		
B. Full Name (Last, First, Middle Initial) Sylvia Burton			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 433 S. Plantation			Transaction ID: R59727	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
Cookeville	TN	38506	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Executive Dir III		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00		
C. Full Name (Last, First, Middle Initial) Julie Butenko			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 186 San Felipe Avenue			Transaction ID: R59536	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
San Francisco	CA	94127	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Dist Dir Clin Ops		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) 37.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 70
(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. Political Action Committee

A. Terry Carico Full Name (Last, First, Middle Initial) Mailing Address 3311 Cobblers Ct City New Albany State IN Zip Code 47150 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Customer Supp Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59398 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Brian L Caudill Full Name (Last, First, Middle Initial) Mailing Address 2808 Wareham Road City Louisville State KY Zip Code 40242 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr Dir HD Reimb Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59460 Amount of Each Receipt this Period 26.00 Payroll Deduction
C. Richard E Chapman Full Name (Last, First, Middle Initial) Mailing Address 11200 Badley Drive City Louisville State KY Zip Code 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Adm & Info Off&SrVP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1160.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59382 Amount of Each Receipt this Period 58.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **104.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Janet L Clancy Mailing Address 10816 Briar Stone Lane City Fishers State IN Zip Code 46038 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2004 Transaction ID: R59646 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Christopher A Clements Mailing Address 4704 Taylor St. City Hollywood State FL Zip Code 33021 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Fin Off III-Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2004 Transaction ID: R59623 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Walter Collins Mailing Address 24 Hearthstone Dr City Medfield State MA Zip Code 02052 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 ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004 Transaction ID: R59570 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael Comer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 12 Lewis		Transaction ID: R59475	
City	State	Zip Code	Amount of Each Receipt this Period 35.00
Irving	CA	92620	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation VP Finance-West Reg-HD	Aggregate Year-to-Date ▼ 700.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Peter D Corless		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 3308 Overlook Ridge Rd		Transaction ID: R59575	
City	State	Zip Code	Amount of Each Receipt this Period 20.00
Prospect	KY	40059	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation VP Human Resources-HSD	Aggregate Year-to-Date ▼ 320.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Norma Cross		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 204 Highland Trail		Transaction ID: R59735	
City	State	Zip Code	Amount of Each Receipt this Period 20.00
Chapel Hill	NC	27518	
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Reg Dir Rehab-PRS	Aggregate Year-to-Date ▼ 420.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) 75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Theresa Culver		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 7024 Wooded Meadow Road		Transaction ID: R59391	
City Louisville	State KY	Zip Code 40241	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Prog Ana Cnslt	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Douglas Cumble		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 1014 Springside Way		Transaction ID: R59457	
City Louisville	State KY	Zip Code 40223	Amount of Each Receipt this Period 12.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation VP Fac & Real Estate Dev	Aggregate Year-to-Date ▼ 240.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Charles K. Gurnea		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 7801 McCarthy Lane		Transaction ID: R59556	
City Louisville	State KY	Zip Code 40222	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Dir IS Prod Svcs	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ►

52.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Judith A. Curless Mailing Address 15210 Laurel Lane South City State Zip Code Pembroke Pines FL 33027 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59601 Amount of Each Receipt this Period 1000.00 Check Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Mr. Adam Derish Mailing Address 9040 Phyllis, Unit C City State Zip Code Los Angeles CA 90069-4442 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 08 2004 Transaction ID: R59599 Amount of Each Receipt this Period 300.00 Check Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) Joel W Day Mailing Address 2017 Spring Farms Drive City State Zip Code Floyd Knobs IN 47119 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59422 Amount of Each Receipt this Period 15.00 Payroll Deduction Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶

1315.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Carolyn F Debbasi		Date of Receipt M M / D D / Y Y Y Y 10 04 2004	
Mailing Address 1031 W. Antelope Creek Way		Transaction ID: R59548	
City Tucson	State AZ	Zip Code 85737	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Dist Dir Operations I		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		
B. Full Name (Last, First, Middle Initial) Mary L Dennison		Date of Receipt M M / D D / Y Y Y Y 10 04 2004	
Mailing Address 4878 Mount Eden Road		Transaction ID: R59437	
City Shelbyville	State KY	Zip Code 40065	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Mgr Reimb		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Judith C Dexter		Date of Receipt M M / D D / Y Y Y Y 10 07 2004	
Mailing Address 4161 Ridge Road		Transaction ID: R59839	
City Kingsport	State TN	Zip Code 37660	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Executive Dir II		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶

55.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Donna Susan Dickerson Mailing Address 5283 Pryor Road City State Zip Code Maryville TN 37804 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Area Executive Dir Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59648 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Michela Dienne Mailing Address 229 E. 85th Street City State Zip Code Willowbrook IL 60527 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59663 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Stephen M Dobler Mailing Address 2703 Trumpetvine Rd. City State Zip Code Louisville KY 40220 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP IS Finance & Admin Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59387 Amount of Each Receipt this Period 35.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Deborah R Doddridge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 312 Hill St. PO Box 273		Transaction ID: R59421	
City Milton	State IN	Zip Code 47145	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Mgr Purch	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Charles D Dolan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 7644 Harbour Blvd.		Transaction ID: R59685	
City Miramar	State FL	Zip Code 33023	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Exec Off I-Hosp	Aggregate Year-to-Date ▼ 420.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Susan B Dyer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 959 Wheatstone Way		Transaction ID: R59481	
City Louisville	State KY	Zip Code 40223	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Reg Dir Clin Ops-HSD	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) 50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 70
(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Timothy R Eaton			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 4252 Desert Highlands Dr			Transaction ID: R59681	
City	State	Zip Code	Amount of Each Receipt this Period 10.00	
Sparks	NV	89436	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Pharm Mgr		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) B. Danny R Edwards			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 1112 Hunt Club Lane			Transaction ID: R59656	
City	State	Zip Code	Amount of Each Receipt this Period 20.00	
Valrico	FL	33594	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Chief Exec Off III-Hosp		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		
Full Name (Last, First, Middle Initial) C. Paul R. Elseman			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 3714 Fringe Tree Place			Transaction ID: R59563	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
Louisville	KY	40241	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation VP Business Dev-HD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) 45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Dennis Eitel			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4	
Mailing Address 8912 Windham Parkway			Transaction ID: R59671	
City	State	Zip Code	Amount of Each Receipt this Period	
Prospect	KY	40059-8863	750.00	
FEC ID number of contributing federal political committee. C			Check	
Name of Employer Kindred Healthcare, Inc.		Occupation VP Clinical/Bus Sys Dev		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
B. Full Name (Last, First, Middle Initial) Andrew G Escamilla			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 78 Waltham Street Unit PH			Transaction ID: R59622	
City	State	Zip Code	Amount of Each Receipt this Period	
Boston	MA	02118	10.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.		Occupation Executive Dir		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
C. Full Name (Last, First, Middle Initial) Mona Euler			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 11325 Moss Dr			Transaction ID: R59602	
City	State	Zip Code	Amount of Each Receipt this Period	
Camel	IN	46033	10.00	
FEC ID number of contributing federal political committee. C			Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.		Occupation Chief Exec Off I-Hosp		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) 770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) John Ferko Mailing Address 220 Ohio Ave City State Zip Code Glassport PA 15045 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59688 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Susan M Fortin Mailing Address 48 Half Moon Terrace City State Zip Code Colchester VT 05446 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Nursing II Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59500 Amount of Each Receipt this Period 5.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Susan M Fortin Mailing Address 48 Half Moon Terrace City State Zip Code Colchester VT 05446 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Nursing II Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59700 Amount of Each Receipt this Period 5.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 20.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Larry Foster		Date of Receipt M M / D D / Y Y Y Y 10 07 2004	
Mailing Address 5700 N. Winthrop Apartment # 5		Transaction ID: R59608	
City Chicago	State IL	Zip Code 60660	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Exec Off II-Hosp		Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼			
B. Full Name (Last, First, Middle Initial) Joyce L Freville		Date of Receipt M M / D D / Y Y Y Y 10 04 2004	
Mailing Address 10418 Dove Chase Circle		Transaction ID: R59432	
City Louisville	State KY	Zip Code 40260	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Dir Compl Fin		Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼			
C. Full Name (Last, First, Middle Initial) John Getts		Date of Receipt M M / D D / Y Y Y Y 10 07 2004	
Mailing Address 15 Evergreen Circle		Transaction ID: R59638	
City Henniker	State NH	Zip Code 03242	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Area Executive Dir		Aggregate Year-to-Date ▼ 205.00
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) 35.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Patrick J Gillenwater Mailing Address 402 Erin Drive City State Zip Code Jeffersville IN 47130 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Adm Dir IS Admin Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59390 Amount of Each Receipt this Period 17.50 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Catherine A Gooch Mailing Address 14516 Clear Meadow Court City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Fin Sys Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59386 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) James Grady Mailing Address 1105 Meadow Court City State Zip Code Goshen KY 40028 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dist Dir Operations I Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59546 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **52.50**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Charles Michael Grannan Mailing Address 7108 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 ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59428 Amount of Each Receipt this Period 25.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Frederick A. Green Mailing Address 8928 Pershing City Berwyn State IL Zip Code 60402 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Clinical Off II-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59662 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) John Griffes Mailing Address 2727 Marlborough City San Antonio State TX Zip Code 78230 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59489 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) John Gross Mailing Address 8133 Rolfe Avenue City Norfolk State VA Zip Code 23508 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Pharm Mgr Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59687 Amount of Each Receipt this Period 15.00 Payroll Deduction
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 ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59430 Amount of Each Receipt this Period 35.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Teri A Hartage Mailing Address 4005 Landerr Drive City Louisville State KY Zip Code 40268 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Asst Treasurer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59445 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **70.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 70
(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. Political Action Committee

A. David G Henderson Full Name (Last, First, Middle Initial) Mailing Address 1313 St. Anthony Place Suite 5E City State Zip Code Louisville KY 40204 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr VP-Central Reg-HSD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59526 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Marsha Hogg Full Name (Last, First, Middle Initial) Mailing Address 4866 SW 32nd. Terr. City State Zip Code Dania FL 33312 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Oper Off III-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59615 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. James Holcomb Full Name (Last, First, Middle Initial) Mailing Address 317 30Th Avenue N.E. City State Zip Code Great Falls MT 59404 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir III Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59715 Amount of Each Receipt this Period 10.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Carol Holguin Mailing Address 4122 Crystal Lane City State Zip Code Garland TX 75043 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 630.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59744 Amount of Each Receipt this Period 30.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Richard A. Hood Mailing Address 344D Brian Rd South City State Zip Code Palm Harbor FL 34685 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr Dir Pharm-SE Reg-KPS Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59561 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Nancy Hubler Mailing Address 10511 Buckeye Trace City State Zip Code Goshen KY 40028 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Mgr Reimb Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59541 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **70.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 70
(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. Political Action Committee

A. Theresa Hunkins Full Name (Last, First, Middle Initial) Mailing Address 9356 NW 8 Circle City Plantation State FL Zip Code 33324 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Dir Clin Ops-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59482 Amount of Each Receipt this Period 25.00 Payroll Deduction
B. Michael Isabella Full Name (Last, First, Middle Initial) Mailing Address 82 Longfellow Road City Worcester State MA Zip Code 01602 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59553 Amount of Each Receipt this Period 5.00 Payroll Deduction
C. Michael Isabella Full Name (Last, First, Middle Initial) Mailing Address 82 Longfellow Road City Worcester State MA Zip Code 01602 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59738 Amount of Each Receipt this Period 5.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **35.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Jeffrey Jarecki		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2004
Mailing Address 5185 W. Pine Bluff Dr.		Transaction ID: R59854
City New Palestine	State IN	Zip Code 46163
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Kindred Healthcare, Inc.	Occupation Executive Dir III	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. Tamila Johnson-White		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004
Mailing Address 2815 Zhafe Smith Rd.		Transaction ID: R59857
City LaGrange	State KY	Zip Code 40031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare, Inc.	Occupation Reg Dir Util Svcs-HSD	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Randy E Johnson		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2004
Mailing Address 520B Grandlake		Transaction ID: R59855
City Bellaire	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Exec Off I-Hosp	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) 45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Timothy W Jolly Mailing Address 8703 Kingslook Ct City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Adm Dir Planning & Dev Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59454 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Donna Kelsey Mailing Address 121 Wayland Circle City State Zip Code North Andover MA 01845 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr VP-Pacific Reg-HSD Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59512 Amount of Each Receipt this Period 25.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Susan A Kasterson Mailing Address 2334 Heritage Dr City State Zip Code Corona CA 92882 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Financial Ana Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59534 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **60.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Edward L Kuntz Mailing Address 8807 Stable Crest Boulevard City Houston State TX Zip Code 77024 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Exec Chairman Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004 Transaction ID: R59417 Amount of Each Receipt this Period 100.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Terrence Kuzman Mailing Address 34 Miller Drive City Somers State CT Zip Code 06071 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004 Transaction ID: R59510 Amount of Each Receipt this Period 5.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Terrence Kuzman Mailing Address 34 Miller Drive City Somers State CT Zip Code 06071 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2004 Transaction ID: R59702 Amount of Each Receipt this Period 5.00 Payroll Deduction

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Anthony D Lacke Mailing Address 95 Caesar Chelor Dr City Wrentham State MA Zip Code 02093 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir I Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00			Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59633 Amount of Each Receipt this Period 5.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Mark A Leammle Mailing Address 2224 Highland Springs Place City Louisville State KY Zip Code 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Crp Finance Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59456 Amount of Each Receipt this Period 31.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Joseph Landerwien Mailing Address 2213 Wrocklage Ave. City Louisville State KY Zip Code 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 ▼ 1200.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59449 Amount of Each Receipt this Period 60.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 70
(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. Political Action Committee

A. Judy Lange Full Name (Last, First, Middle Initial) Mailing Address 125 Judah Court City Folsom State CA Zip Code 95630 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Clinical Off I-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59675 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Jacqueline Luster Full Name (Last, First, Middle Initial) Mailing Address 2355 W Noble Heights Drive City Tucson State AZ Zip Code 85742 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 Transaction ID: R59666 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Charles E Leenhart Full Name (Last, First, Middle Initial) Mailing Address 1200 Twin Willows Lane City Louisville State KY Zip Code 40214 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir AP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59452 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **55.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Richard A Lechleiter Mailing Address 801 Club Lane City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr VP & CFO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1240.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59448 Amount of Each Receipt this Period 62.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Patricia Pruden Lannox Mailing Address 11 Cider Mill Road City State Zip Code Medway MA 02053 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Dir Sales & MktgHSD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59551 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) James L Lindberg Mailing Address 11119 Brook Stone Court City State Zip Code Louisville KY 40223 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Adm Mgr Facilities-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59418 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► **102.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald D Long Mailing Address 148 Cheyenne Road City State Zip Code Shelbyville KY 40065 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Adm Dir Contract Admin Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59554 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) John Lucchese Mailing Address 144D1 Broad Oak Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Crp Fin & Controller Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 540.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59446 Amount of Each Receipt this Period 27.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Jeffrey F Luckett Mailing Address 140B Hawkshead Ln City State Zip Code Louisville KY 40220 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Internal Audit-IS Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R594D1 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 62.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald R Luken Mailing Address 878D E. 9Th Street City State Zip Code Indianapolis IN 46219 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Pharm Mgr Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59696 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Ruth Ann Lusk Mailing Address 180D Acorn Lane City State Zip Code Lagrange KY 40031 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Sr VP-East Reg-HD Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59451 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Janis L Mahoney Mailing Address 3403 S. Highway 53 City State Zip Code LaGrange KY 40031 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Sr Dir Technical Svcs Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59385 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. James Maley Full Name (Last, First, Middle Initial) Mailing Address 954 Lindfield Dr. City State Zip Code Library PA 15129 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Dir Plant Ops Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59689 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Keith A Mandrel Full Name (Last, First, Middle Initial) Mailing Address 8813 Mallow Drive City State Zip Code Knoxville TN 37922 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Executive Dir I Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59650 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Kathryn J Markham Full Name (Last, First, Middle Initial) Mailing Address 10802 Taylor Farm Ct City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation VP IS Planning&Field Svcs Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59383 Amount of Each Receipt this Period 35.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Mark A McCullough			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 1101 Old Cannons Lane			Transaction ID: R59480	
City	State	Zip Code	Amount of Each Receipt this Period 20.00	
Louisville	KY	40207	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation President-KPS		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Patricia M McGilan			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 510 Altagate Rd			Transaction ID: R59571	
City	State	Zip Code	Amount of Each Receipt this Period 30.00	
Louisville	KY	40206	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation VP Quality & Risk Mgmt-HD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		
C. Full Name (Last, First, Middle Initial) Sharon Theresa McGuyer			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 22441 15Th Ave. So.			Transaction ID: R59722	
City	State	Zip Code	Amount of Each Receipt this Period 10.00	
Des Moines	WA	98198	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Dir Nursing II		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) 60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Thomas McMullen Full Name (Last, First, Middle Initial) Mailing Address 855 Pasadena Dr City Magnolia State NJ Zip Code 08049 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation CFO Multi Fac-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59483 Amount of Each Receipt this Period 12.00 Payroll Deduction
B. Robert McNew Full Name (Last, First, Middle Initial) Mailing Address 1805 Southpark Dr. City Arlington State TX Zip Code 76013 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 Transaction ID: R59621 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. James J McQuaid Full Name (Last, First, Middle Initial) Mailing Address 2 Hunter Point Dr. City Scarborough State ME Zip Code 04074 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Pharm Mgr Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59689 Amount of Each Receipt this Period 10.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Linda McQuade Mailing Address 4712 Sw 24 Ave City State Zip Code Ft Lauderdale FL 33312 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Health Information Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59611 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Michael Metzger Mailing Address 121 Tamarack Ct City State Zip Code Lindenhurst IL 60046 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Fin Off III-Hosp Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59603 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Rose M Michale Mailing Address 6503 Chenoweth Run Road City State Zip Code Louisville KY 40266 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Tax Compl Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59447 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Gloria J Miller Mailing Address 5 Hendel Dr City State Zip Code Mystic CT 06355 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59550 Amount of Each Receipt this Period 20.00 Payroll Deduction	
B. Full Name (Last, First, Middle Initial) John Miner Mailing Address 473D Dunnie Drive City State Zip Code Tampa FL 33614 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59484 Amount of Each Receipt this Period 15.00 Payroll Deduction	
C. Full Name (Last, First, Middle Initial) Linda Mitchell-Johnso Mailing Address 3815 Willow Wisp Cir. City State Zip Code Haughton LA 71037 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59828 Amount of Each Receipt this Period 20.00 Payroll Deduction	

SUBTOTAL of Receipts This Page (optional) 55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 70
 (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. Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven Monaghan			Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004		
Mailing Address 508 W. Melrose #7-A			Transaction ID: R59478		
City	State	Zip Code	Amount of Each Receipt this Period		
Chicago	IL	60657	60.00		
FEC ID number of contributing federal political committee. C			Payroll Deduction		
Name of Employer Kindred Healthcare, Inc.		Occupation Sr VP-Midwest Reg-HD	Aggregate Year-to-Date ▼		
Receipt For: Primary General Other (specify) ▼		1200.00			
Full Name (Last, First, Middle Initial) B. David Morall			Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2004		
Mailing Address 27 Parkerville Road			Transaction ID: R59573		
City	State	Zip Code	Amount of Each Receipt this Period		
Southboro	MA	01772	10.00		
FEC ID number of contributing federal political committee. C			Payroll Deduction		
Name of Employer Kindred Healthcare, Inc.		Occupation Executive Dir III	Aggregate Year-to-Date ▼		
Receipt For: Primary General Other (specify) ▼		410.00			
Full Name (Last, First, Middle Initial) C. David Morall			Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2004		
Mailing Address 27 Parkerville Road			Transaction ID: R59747		
City	State	Zip Code	Amount of Each Receipt this Period		
Southboro	MA	01772	10.00		
FEC ID number of contributing federal political committee. C			Payroll Deduction		
Name of Employer Kindred Healthcare, Inc.		Occupation Executive Dir III	Aggregate Year-to-Date ▼		
Receipt For: Primary General Other (specify) ▼		410.00			

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Susan Moss Full Name (Last, First, Middle Initial) Mailing Address 181 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 Crp Communications Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59423 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Sean R. Middleton Full Name (Last, First, Middle Initial) Mailing Address 9407 Felsmere Circle City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr VP & Chief Med Off-HD Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59415 Amount of Each Receipt this Period 50.00 Payroll Deduction
C. Donna M. Neekers Full Name (Last, First, Middle Initial) Mailing Address 1780 Waters Ferry Drive City State Zip Code Lawrenceville GA 30043 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Mgr Reimb Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59515 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Virgis Narbutas</u>			Date of Receipt M / D / Y 10 / 04 / 2004	
Mailing Address <u>3173 Petaluma Ave</u>			Transaction ID: <u>R59467</u>	
City	State	Zip Code	Amount of Each Receipt this Period 30.00	
<u>Long Beach</u>	<u>CA</u>	<u>90808</u>	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer <u>Kindred Healthcare, Inc.</u>		Occupation <u>Executive Dir</u>		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00		
B. Full Name (Last, First, Middle Initial) <u>James J Novak</u>			Date of Receipt M / D / Y 10 / 04 / 2004	
Mailing Address <u>9680 Ridgewalk Court</u>			Transaction ID: <u>R59468</u>	
City	State	Zip Code	Amount of Each Receipt this Period 42.00	
<u>Davie</u>	<u>FL</u>	<u>33328</u>	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer <u>Kindred Healthcare, Inc.</u>		Occupation <u>Sr VP-South Reg-HD</u>		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00		
C. Full Name (Last, First, Middle Initial) <u>Almae Oakes</u>			Date of Receipt M / D / Y 10 / 04 / 2004	
Mailing Address <u>240 Paradise Lane</u>			Transaction ID: <u>R59577</u>	
City	State	Zip Code	Amount of Each Receipt this Period 20.00	
<u>Jackshoro</u>	<u>TN</u>	<u>37757</u>	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer <u>Kindred Healthcare, Inc.</u>		Occupation <u>Dist Dir Clin Ops</u>		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Daniel A O'neil Full Name (Last, First, Middle Initial) Mailing Address 15 Westside Drive - Suite 1D8 City State Zip Code N. Grovesvordale CT 06255 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Executive Dir I Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59628 Amount of Each Receipt this Period 5.00 Payroll Deduction
B. Scott W Parker Full Name (Last, First, Middle Initial) Mailing Address 2295 Wickingham Drive City State Zip Code Marietta GA 30066 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation VP Finance-South Reg-HSD Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59552 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. Steven J Paynter Full Name (Last, First, Middle Initial) Mailing Address 3105 Crestmoor Court City State Zip Code Prospect KY 40059 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Sr Cnslt Tech Arch Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59400 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) John Pierson Mailing Address 7843 Dean Road City State Zip Code Indianapolis IN 46240 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 264.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59591 Amount of Each Receipt this Period 24.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) John M Pinnix Mailing Address 881 Sawyer Run Lake City State Zip Code Ponte Vedra Beach FL 32082 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Pharm Mgr Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59591 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Henry F Powell Mailing Address 9835 Morrfield Cir City State Zip Code Louisville KY 40241-3018 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Mgmt-Reltd-Occup, Nec Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y 10 05 2004 Transaction ID: R59597 Amount of Each Receipt this Period 280.00 Check

SUBTOTAL of Receipts This Page (optional) 294.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Lewis A Ramsdell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 971B Cattails View		Transaction ID: R59485	
City Ooltewah	State TN	Zip Code 37363	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Exec Off I-Hosp		Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼			
B. Full Name (Last, First, Middle Initial) James Ransone		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 11644 Sw 53Th. Place		Transaction ID: R59618	
City Cooper City	State FL	Zip Code 33330	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Nursing Off III		Aggregate Year-to-Date ▼ 210.00
Receipt For: Primary General Other (specify) ▼			
C. Full Name (Last, First, Middle Initial) Christine H Rich		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 54 Danforth Court		Transaction ID: R59664	
City Haverhill	State MA	Zip Code 01832	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Executive Dir I		Aggregate Year-to-Date ▼ 205.00
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) 45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Deborah F Rickett			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 7003 Shallow Lake Road			Transaction ID: R59395	
City	State	Zip Code	Amount of Each Receipt this Period 20.00	
Prospect	KY	40059	Payroll Deduction	
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 ▼ 400.00		
B. Full Name (Last, First, Middle Initial) Mary Suzanne Riedman			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 8401 Orchid Hill Pl			Transaction ID: R59431	
City	State	Zip Code	Amount of Each Receipt this Period 20.00	
Louisville	KY	40207	Payroll Deduction	
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 ▼ 400.00		
C. Full Name (Last, First, Middle Initial) Pamela Marie Riter			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 5224 Hampton Beach Place			Transaction ID: R59486	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
Tampa	FL	33609	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Executive Dir		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) 65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Laurie A Roberto			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 217 Main Street			Transaction ID: R59669	
City	State	Zip Code	Amount of Each Receipt this Period 5.00	
Lynnfield	MA	01840	Payroll Deduction	
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 ▼ 210.00		
B. Full Name (Last, First, Middle Initial) Douglas Roth			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 8891 Heytesbery			Transaction ID: R59638	
City	State	Zip Code	Amount of Each Receipt this Period 40.00	
Sandy	UT	84062	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation VP Finance-Pacific RegHSD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00		
C. Full Name (Last, First, Middle Initial) Arthur L Rothgerber			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 8325 Regency Woods Way			Transaction ID: R59450	
City	State	Zip Code	Amount of Each Receipt this Period 19.00	
Louisville	KY	40220	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Sr VP Reimb		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional) 64.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Mary R Russell Mailing Address 7300 Wood Rock Rd City State Zip Code Louisville KY 40291 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Accounting-HSD Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59462 Amount of Each Receipt this Period 22.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Penelope Sargent Mailing Address 18 Rider Road City State Zip Code Brewer ME 04412 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 Transaction ID: R59627 Amount of Each Receipt this Period 5.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Christina Sehnamm Mailing Address 186 Columbia Ave City State Zip Code Chillicothe OH 45601 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59710 Amount of Each Receipt this Period 10.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 37.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) William B Seibert			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 4708 Wolfcreek Pkwy			Transaction ID: R59393	
City	State	Zip Code	Amount of Each Receipt this Period 30.00	
Louisville	KY	40241	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Sr Dir Fin Sys Dev		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		
B. Full Name (Last, First, Middle Initial) Roberta Sells			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 1581 Citation Lane			Transaction ID: R59545	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
Neehan	WI	54956	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Reg Dir Field Acctg-HSD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
C. Full Name (Last, First, Middle Initial) Jack Shapiro			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 22591 Covington Drive			Transaction ID: R59609	
City	State	Zip Code	Amount of Each Receipt this Period 30.00	
Deer Park	IL	60010	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Executive Dir		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00		

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 70

(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. Political Action Committee

A. Michael W Sharp Full Name (Last, First, Middle Initial) Mailing Address 14026 Rochester City State Zip Code Boise ID 83713 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 ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59532 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Tami Shelton Full Name (Last, First, Middle Initial) Mailing Address 413B Quiet Meadow Ct City State Zip Code Fairbanks CA 95628 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr VP-West Reg-HD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59477 Amount of Each Receipt this Period 65.00 Payroll Deduction
C. Larry W Shrader Full Name (Last, First, Middle Initial) Mailing Address 425 Deer View Way City State Zip Code Bolivar TN 38008 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 ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59849 Amount of Each Receipt this Period 10.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 95.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Timothy L Simpson Mailing Address 498 Branscomb Road City State Zip Code Gm Ove Spgs FL 32043 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59690 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Thomas M Skirven Mailing Address Hc 67 Box 1301 City State Zip Code Enfield ME 04493 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 Transaction ID: R59636 Amount of Each Receipt this Period 5.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Marion R Sodergran Mailing Address 1009 W. Park Palisades Dr. City State Zip Code South Jordan UT 84065 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Clin Ops-Pac Reg-HSD Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59529 Amount of Each Receipt this Period 40.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **65.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Richard H. Starks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 2404 Dundee Rd		Transaction ID: R59582	
City Louisville	State KY	Zip Code 40205	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Sr VP Rehab Svcs-PRS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) John R Stephenson II		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 1111 Cliffwood Drive		Transaction ID: R59458	
City Goshen	State KY	Zip Code 40026	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Proj Mgr		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Stephen F. Stoess		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 705 Sentry Way		Transaction ID: R59555	
City Louisville	State KY	Zip Code 40223	Amount of Each Receipt this Period 23.40
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer Kindred Healthcare, Inc.	Occupation Sr Dir Telecommunications		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 421.20		

SUBTOTAL of Receipts This Page (optional) **58.40**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. David Stordy Full Name (Last, First, Middle Initial) Mailing Address 4195 Old Oak Trace City State Zip Code Cummings GA 30041 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Sr VP-South Reg-HSD Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59506 Amount of Each Receipt this Period 30.00 Payroll Deduction
B. Angela Beth Sutton Full Name (Last, First, Middle Initial) Mailing Address 17460 Farmington Square Rd. City State Zip Code Granger IN 46530 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Area Executive Dir Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59640 Amount of Each Receipt this Period 15.00 Payroll Deduction
C. Meredith M Taylor Full Name (Last, First, Middle Initial) Mailing Address 4330 Random Oaks Ln City State Zip Code Loomis CA 95650 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Chief Exec Off I-Hosp Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59678 Amount of Each Receipt this Period 25.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) James D Thigpen Mailing Address 355 Woolsey Brooks City State Zip Code Fayetteville GA 30214 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Plant Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59692 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Dabi Thompson Mailing Address 27115 48Th Ave. S. City State Zip Code Kent WA 98032 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59721 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Marylou W Thompson Mailing Address 18 Burgundy Drive City State Zip Code Hampton NH 03842 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dist Dir Operations I Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59419 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **45.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 70
(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. Political Action Committee

A. Patrick Tieman Full Name (Last, First, Middle Initial) Mailing Address PD Box 289 City State Zip Code McAfee NJ 07428 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dir Bus Implement-HD Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59487 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Anita Tilery Full Name (Last, First, Middle Initial) Mailing Address 13157 Watson Seed Farm Rd City State Zip Code Whitakers NC 27891 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 Transaction ID: R59706 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. Bernard E. Tomassetti Full Name (Last, First, Middle Initial) Mailing Address 751D Cantrell Drive City State Zip Code Crestwood KY 40014 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Finance-KPS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59588 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 55.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. James Tucker Full Name (Last, First, Middle Initial) Mailing Address P O Box 223 City State Zip Code Carthage TN 37030 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59653 Amount of Each Receipt this Period 10.00 Payroll Deduction
B. Paul D Tunnel Full Name (Last, First, Middle Initial) Mailing Address 378 Liberty Street City State Zip Code San Francisco CA 94114 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 ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59628 Amount of Each Receipt this Period 50.00 Payroll Deduction
C. Jan Turk Full Name (Last, First, Middle Initial) Mailing Address 1314 Amelia St City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Exec Off II-Hosp Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59606 Amount of Each Receipt this Period 20.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 70
(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) T. Stephen Turner			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 4105 Pacific Ave #4			Transaction ID: R59474	
City	State	Zip Code	Amount of Each Receipt this Period 40.00	
Marina Del Ray	CA	90292	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation SVP Strategic Plan & Bus Dev HD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		
B. Full Name (Last, First, Middle Initial) Mary L Vorpehl			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 402 St. John Road			Transaction ID: R59434	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
Elizabethtown	KY	42701	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation Mgr Medicare CIm-HSD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Joseph Wahseott			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 891B Serpent Circle			Transaction ID: R59470	
City	State	Zip Code	Amount of Each Receipt this Period 15.00	
Indianapolis	IN	46234	Payroll Deduction	
FEC ID number of contributing federal political committee. C				
Name of Employer Kindred Healthcare, Inc.		Occupation VP Finance-Central Reg HSD		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) 70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) John Waldrop Mailing Address 128 West Hwy 25/70 City State Zip Code Dandridge TN 37725 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir III Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59659 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Christine M Walker Mailing Address 2891 Diamond Rd City State Zip Code Camp Verde AZ 86322 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59637 Amount of Each Receipt this Period 10.00 Payroll Deduction
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 ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59473 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Charles Wardrip Mailing Address 2804 Chestnut Ridge Place City State Zip Code Louisville KY 40245 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP IS Ops & Telecomm Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 600.00		Date of Receipt 10 / 04 / 2004 Transaction ID: R59396 Amount of Each Receipt this Period 30.00 Payroll Deduction
Full Name (Last, First, Middle Initial) B. Stephanie J Warren Mailing Address 2169 Balmer-Fenwick Road City State Zip Code Floyds Knobs IN 47119 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr Dir Facility Mgmt Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 300.00		Date of Receipt 10 / 04 / 2004 Transaction ID: R59444 Amount of Each Receipt this Period 15.00 Payroll Deduction
Full Name (Last, First, Middle Initial) C. Judy Weaver Mailing Address 1835 Blackmore Drive City State Zip Code Indianapolis IN 46231 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Reg Dir Clin Ops-HD Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 300.00		Date of Receipt 10 / 04 / 2004 Transaction ID: R59382 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 70

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
13	14	15	16					

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

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial) Joseph F Wiegand Mailing Address 35 Farrington Ave City Gloucester State MA Zip Code 01830 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Finance-NE Reg-HSD Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59516 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Robert G Weir Mailing Address 4100 Napanee Rd City Louisville State KY Zip Code 40207 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Operations-KPS Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59429 Amount of Each Receipt this Period 20.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Theodore Weidling Mailing Address 244B Middle River Dr. City Ft. Lauderdale State FL Zip Code 33305 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y 10 07 2004 Transaction ID: R59813 Amount of Each Receipt this Period 25.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Scott West Mailing Address 13 Edward Street City State Zip Code Milton VT 05468 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Executive Dir II Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59511 Amount of Each Receipt this Period 5.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Scott West Mailing Address 13 Edward Street City State Zip Code Milton VT 05468 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Executive Dir II Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59703 Amount of Each Receipt this Period 5.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) Alexandra Wilcox Mailing Address 3521 E. Nugget Canyon Pl. City State Zip Code Tucson AZ 85718 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼ Occupation Chief Exec Off I-Hosp Aggregate Year-to-Date ▼ 525.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59740 Amount of Each Receipt this Period 25.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **35.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 70

(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. Political Action Committee

A. Full Name (Last, First, Middle Initial) Billy Wikox Mailing Address 321B Morning Dove City State Zip Code Midlothian TX 76065 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Fin Off II-Hosp Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 315.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59682 Amount of Each Receipt this Period 15.00 Payroll Deduction
B. Full Name (Last, First, Middle Initial) Nancy Wilson Mailing Address 38 La Sierra Drive City State Zip Code Phillips Ranch CA 91766 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Chief Fin Off III-Hosp Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 10 12 2004 Transaction ID: R59680 Amount of Each Receipt this Period 10.00 Payroll Deduction
C. Full Name (Last, First, Middle Initial) David R Windhorst Mailing Address 8803 Birch Court City State Zip Code Louisville KY 40242 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Financial Sys Dev Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ 760.00		Date of Receipt M M / D D / Y Y Y Y 10 04 2004 Transaction ID: R59379 Amount of Each Receipt this Period 40.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ▶

65.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 70
(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. Political Action Committee

A. Lawrence I Wolf Full Name (Last, First, Middle Initial) Mailing Address 4826 N Winthrop Ave #3S City Chicago State IL Zip Code 60640 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Sr Cnslt Appl-Data Arch Aggregate Year-to-Date ▼ 400.00 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59380 Amount of Each Receipt this Period 20.00 Payroll Deduction
B. Anne S Woods Full Name (Last, First, Middle Initial) Mailing Address 7420 Falls Ridge Ct. City Louisville State KY Zip Code 40241 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation VP Internal Audit Aggregate Year-to-Date ▼ 440.00 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59442 Amount of Each Receipt this Period 22.00 Payroll Deduction
C. Mary J Yesue Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 921 City York Harbor State ME Zip Code 03911 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare, Inc. Occupation Dist Dir Clin Ops Aggregate Year-to-Date ▼ 300.00 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 Transaction ID: R59503 Amount of Each Receipt this Period 15.00 Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **57.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 70

(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. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine C Young

Mailing Address 8303 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

Sr Dir & Litigat Counsel

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2004

Transaction ID: R59459

Amount of Each Receipt this Period

15.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ►

15.00

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

5991.90

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 70 / 70

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bob Ney for Congress

Mailing Address PO Box 490

City St Clairsville State OH Zip Code 43950

Purpose of Disbursement
Contr.

Candidate Name
Bob W. Ney

Office Sought: ☒ House
Senate
President

State: OH District: 18

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

Category/
Type

Transaction ID: D736

Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends for Baron Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contr.

Candidate Name
Baron P. Hill

Office Sought: ☒ House
Senate
President

State: IN District: 08

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

Category/
Type

Transaction ID: D737

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

1250.00