

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2007 through 03 31 2007

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 04 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		119586.29
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	103526.89									
(c) Total Receipts (from Line 19)	13662.80	38603.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117189.69	158189.69								
7. Total Disbursements (from Line 31)	20100.00	61100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97089.69	97089.69								
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**

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	4437.00	7097.00
(i) Itemized (use Schedule A)	9225.80	31506.40
(ii) Unitemized	13662.80	38603.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13662.80	38603.40
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	0.00
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))	13662.80	38603.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13662.80	38603.40

DETAILED SUMMARY PAGE

of Disbursements

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	59500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1600.00	1600.00
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))..	20100.00	61100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20100.00	61100.00

DETAILED SUMMARY PAGE
of Disbursements

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)	13662.80	38603.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13662.80	38603.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Henry F Powell		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 9635 Morrfield Cir		Transaction ID: 19252211
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare, Inc	Occupation Mgmt-Reltd-Occup,Nec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dennis Ertel		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 6912 Windham Parkway		Transaction ID: 19437090
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare, Inc	Occupation VP Clinical/Bus Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Richard E Chapman		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 11200 Bodley Drive		Transaction ID: PR1094183810510
City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 143.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP Chief Adm&InfoOff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.00	
		P/R Deduction (\$73.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	1793.00
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: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Edward L Kuntz		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8807 Stable Crest Boulevard		Transaction ID: PR1094183910510	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	P/R Deduction (\$100.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. David R Windhorst		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2000 Spring Farms Road		Transaction ID: PR1094185010510	
City State Zip Code Floyds Knobs IN 47119	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Katheryn J Markham		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10602 Taylor Farm Ct		Transaction ID: PR1094185610510	
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 90.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00	P/R Deduction (\$45.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 370.00
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: (check only one)	PAGE 8 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles Wardrip		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2805 Chestnut Ridge Place		Transaction ID: PR1094187910510	
City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period _____ 70.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$35.00 Bi-Weekly)		
Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Stephen M Dobler		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1106 Holly Springs Drive		Transaction ID: PR1094188010510	
City State Zip Code Louisville KY 40242	Amount of Each Receipt this Period _____ 90.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$45.00 Bi-Weekly)		
Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin	Aggregate Year-to-Date ▼ _____ 270.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Frank Battafarano		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2700 Little Hills Lane		Transaction ID: PR1094191910510	
City State Zip Code Anchorage KY 40223	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Bi-Weekly)		
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 260.00
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: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sean R Muldoon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094192210510
Mailing Address 5800 Brittany Valley Road		Amount of Each Receipt this Period 100.00
City Louisville	State KY	P/R Deduction (\$50.00 Bi-Weekly)
Zip Code 40222	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dennis J Hansen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094194110510
Mailing Address 1791 Connor Station Road		Amount of Each Receipt this Period 70.00
City Simpsonville	State KY	P/R Deduction (\$35.00 Bi-Weekly)
Zip Code 40067	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Richard A Lechleiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094196210510
Mailing Address 601 Club Lane		Amount of Each Receipt this Period 150.00
City Louisville	State KY	P/R Deduction (\$75.00 Bi-Weekly)
Zip Code 40207	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph Landenwich Mailing Address 2213 Wrocklage Ave. City State Zip Code Louisville KY 40205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094196310510 Amount of Each Receipt this Period 120.00 P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. William M Altman Mailing Address 9103 Lexington Lane City State Zip Code Louisville KY 40241 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094198010510 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation SVPCmplGovtProg&IntAudit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. T. Stephen Turner Mailing Address 680 South Fourth Ave City State Zip Code Louisville KY 40202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200310510 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation SVPStrategicPlan&BusDevHD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	280.00
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: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Michael Comer Mailing Address 12 Lewis City Irvine State CA Zip Code 92620 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200410510 Amount of Each Receipt this Period 70.00
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Traci Shelton Mailing Address 2800 Nelson Way Apt. 506 City Santa Monica State CA Zip Code 90405 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200610510 Amount of Each Receipt this Period 240.00
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	P/R Deduction (\$120.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Steven Monaghan Mailing Address 508 W. Melrose #7-A City Chicago State IL Zip Code 60657 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094200710510 Amount of Each Receipt this Period 170.00
Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Grp-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	P/R Deduction (\$85.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	480.00
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: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark A McCullough		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094201110510
Mailing Address 1101 Old Cannons Lane		Amount of Each Receipt this Period 80.00
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation President-KPS	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. James J Novak		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094205310510
Mailing Address 9680 Ridgewalk Court		Amount of Each Receipt this Period 84.00
City State Zip Code Davie FL 33328	FEC ID number of contributing federal political committee. C	P/R Deduction (\$42.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP-East Grp-HD	Aggregate Year-to-Date 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Lane M Bowen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094213610510
Mailing Address 680 South Fourth Ave		Amount of Each Receipt this Period 100.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	264.00
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: (check only one)	PAGE 13 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas Roth		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9891 Heytesbery		Transaction ID: PR1094237310510
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Linda L Newberry-Ferguson		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11310 Haleco Lane		Transaction ID: PR1094241910510
City State Zip Code Hales Corners WI 53130	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Gregory C. Miller		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8000 Allielough Court		Transaction ID: PR1094242810510
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Dev & Fin Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 260.00
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: (check only one)	PAGE 14 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Raymond J Sierpina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094246610510
Mailing Address 14 Westwind Road		Amount of Each Receipt this Period 80.00
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Government Program	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Thomas Wood		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094247210510
Mailing Address 2949 Glascock Street		Amount of Each Receipt this Period 130.00
City Oakland	State CA	Zip Code 94601
FEC ID number of contributing federal political committee. C		P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Sharon Spittle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1094250010510
Mailing Address 26 Estes Street		Amount of Each Receipt this Period 100.00
City Ipswich	State MA	Zip Code 01938
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional) ▶	310.00
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 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Russell D Ragland

Mailing Address 234 Moore Avenue S.E.

City State Zip Code
Vienna VA 22180

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR1267998110510

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	4437.00

**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 16 / 19

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

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

Full Name (Last, First, Middle Initial) A. Friends of Roy Blunt		Transaction ID: 19708419 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2000.00
City Springfield State MO Zip Code 65805	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Roy Blunt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) B. Dave Camp For Congress 2008		Transaction ID: 19497084 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. David Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) C. Friends Of Jim Clyburn		Transaction ID: 19708422 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Post Office Box 12567		Amount of Each Disbursement this Period 2000.00
City Columbia State SC Zip Code 29211	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 17 / 19

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

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

Full Name (Last, First, Middle Initial) A. Friends of Byron Dorgan		Transaction ID: 19445391 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 871		Amount of Each Disbursement this Period 5000.00
City Bismarck State ND Zip Code 58502	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Byron Dorgan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 2		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Ron Lewis for Congress		Transaction ID: 19506788 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 307		Amount of Each Disbursement this Period 2500.00
City Elizabethtown State KY Zip Code 42702	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress		Transaction ID: 19499398 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 1000.00
City Fargo State ND Zip Code 58106	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

**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 18 / 19

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

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

Full Name (Last, First, Middle Initial) A. Earl Pomeroy For Congress		Transaction ID: 19499400 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 5000.00	
City Fargo	State ND	Zip Code 58106	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Earl Pomeroy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND	District: 1		

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

18500.00

**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 19 / 19

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

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

A. Full Name (Last, First, Middle Initial)
State of California General Fund

Mailing Address 428 J Street, Suite 620

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Payment for fine incurred in 2005

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 19283954

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

1600.00

Payment for fine incurred
in 2005

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

1600.00