

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		48684.55
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	59135.01									
(c) Total Receipts (from Line 19)	16679.84	114178.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75814.85	162863.10								
7. Total Disbursements (from Line 31)	17000.00	104048.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58814.85	58814.85								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	12817.84	60521.90
(i) Itemized (use Schedule A)		
(ii) Unitemized	3862.00	48656.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16679.84	109178.55
(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)	16679.84	109178.55
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	5000.00
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))	16679.84	114178.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16679.84	114178.55

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	48.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	48.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	103500.00
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.....	0.00	500.00
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))..	17000.00	104048.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	104048.25

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	16679.84	109178.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16679.84	109178.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	48.25
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	48.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Cowgill	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 9103 Lantern Lite Parkway	Transaction ID: 25312014
	City State Zip Code Louisville KY 40220	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare, Inc Occupation Vice President of Facilities Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Darlene A. Thompson	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 5375 Cross Creek Drive	Transaction ID: 25422034
	City State Zip Code Crestwood KY 40014	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Division Director of Clinical Operatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Clarence Wurdock	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 2511 Savannah Road	Transaction ID: 25422035
	City State Zip Code Louisville KY 40242	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare, Inc Occupation Director of Marketing and Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Patricia D. Stephens		Date of Receipt
	Mailing Address P.O. Box 115		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Penngrove	CA	94951-0115
	FEC ID number of contributing federal political committee.		Transaction ID: 25451133
		Amount of Each Receipt this Period	
		<input type="text" value="235.00"/>	
Name of Employer Kindred Healthcare		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="235.00"/>	

B.	Full Name (Last, First, Middle Initial) Dennis Ertel		Date of Receipt
	Mailing Address 6912 Windham Parkway		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee.		Transaction ID: 25608640
		Amount of Each Receipt this Period	
		<input type="text" value="900.00"/>	
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 ▼	
		<input type="text" value="900.00"/>	

C.	Full Name (Last, First, Middle Initial) Isaac Kaufman		Date of Receipt
	Mailing Address 8204 Township Drive		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Owings Mills	MD	21117-5416
	FEC ID number of contributing federal political committee.		Transaction ID: 25655628
		Amount of Each Receipt this Period	
		<input type="text" value="2000.00"/>	
Name of Employer Kindred Healthcare Inc.		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3135.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Henry F Powell	Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 9635 Morrfield Cir	Transaction ID: 25665626
	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	

B.	Full Name (Last, First, Middle Initial) Teresa S Anderson	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7115 Coachwood Drive	Transaction ID: PR1094183714558
	City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Edward L Kuntz	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 8807 Stable Crest Boulevard	Transaction ID: PR1094183914558
	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 ▼ 1500.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	990.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) David R Windhorst		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 2000 Spring Farms Road		Transaction ID: PR1094185014558
City Floyds Knobs	State Zip Code IN 47119	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Lawrence I Wolf		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 4826 N Winthrop Ave #3S		Transaction ID: PR1094185114558
City Chicago	State Zip Code IL 60640	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Appl-Data Arch	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Katheryn J Markham		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 10602 Taylor Farm Ct		Transaction ID: PR1094185614558
City Prospect	State Zip Code KY 40059	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Catherine A Gooch		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 14516 Clear Meadow Court		Transaction ID: PR1094185914558
	City Louisville	State KY	Zip Code 40245
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Patrick J Gillenwater		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street		Transaction ID: PR1094186414558
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir IS Admin	P/R Deduction (\$17.50 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50		

C.	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 4706 Wolfcreek Pkwy		Transaction ID: PR1094187414558
	City Louisville	State KY	Zip Code 40241
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Deborah F Rickert

Mailing Address 7003 Shallow Lake Road

City Prospect State KY Zip Code 40059

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 ▼ 375.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094187714558
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Charles Wardrip

Mailing Address 680 S. Fourth Street

City Louisville State KY Zip Code 40202

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094187914558
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City Louisville State KY Zip Code 40242

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094188014558
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Terry Carrico

Mailing Address 680 S. Fourth Street

City State Zip Code
Louisville KY 40202

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: PR1094188214558

Amount of Each Receipt this Period: 40.00

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

B.

Full Name (Last, First, Middle Initial)
Steven J Paynter

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. Occupation Sr Cnslt Tech Arch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: PR1094188414558

Amount of Each Receipt this Period: 40.00

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

C.

Full Name (Last, First, Middle Initial)
Martin Ardron

Mailing Address 41 La Sierra Dr.

City State Zip Code
Phillips Ranch CA 91766

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: PR1094189114558

Amount of Each Receipt this Period: 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Metzger

Mailing Address 129 Foley Rd

City State Zip Code
West Point VA 23181

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: PR1094189314558

Amount of Each Receipt this Period: 30.00

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

B.

Full Name (Last, First, Middle Initial)
Jan Turk

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: PR1094190014558

Amount of Each Receipt this Period: 40.00

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

C.

Full Name (Last, First, Middle Initial)
Larry Foster

Mailing Address 5700 N. Winthrop
Apartment # 5

City State Zip Code
Chicago IL 60660

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 07 / 31 / 2008

Transaction ID: PR1094190314558

Amount of Each Receipt this Period: 50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jack Shapiro	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 22591 Covington Drive	Transaction ID: PR1094190414558
	City State Zip Code Deer Park IL 60010	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 Executive Director III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	

B.	Full Name (Last, First, Middle Initial) Linda Tiemens	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 9812 NW 2nd. Court	Transaction ID: PR1094190714558
	City State Zip Code Ft. Lauderdale FL 33324	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & COO-East Group-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Theodore Welding	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2448 Middle River Dr.	Transaction ID: PR1094191314558
	City State Zip Code Ft. Lauderdale FL 33305	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Sean R Muldoon	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 5800 Brittany Valley Road	Transaction ID: PR1094192214558
	City State Zip Code Louisville KY 40222	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
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 ▼ 1125.00	

B.	Full Name (Last, First, Middle Initial) James L Lindberg	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 11119 Brook Stone Court	Transaction ID: PR1094192514558
	City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Adm Mgr Facilities-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Deborah R Doddridge	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 312 Hill Street NW	Transaction ID: PR1094193014558
	City State Zip Code Depauw IN 47115	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Procure Sys & Capital	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Joel W Day	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2017 Spring Farms Drive	Transaction ID: PR1094193114558
	City State Zip Code Floyd Knobs IN 47119	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Susan Moss	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street	Transaction ID: PR1094193314558
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Theresa M Graham	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1203 Falls Creek Landing	Transaction ID: PR1094193514558
	City State Zip Code New Ablany IN 47150	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles Michael Grannan		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7109 Cannonade Court		Transaction ID: PR1094193914558
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

B.	Full Name (Last, First, Middle Initial) Dennis J Hansen		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street		Transaction ID: PR1094194114558
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-HSD	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

C.	Full Name (Last, First, Middle Initial) Mary Suzanne Riedman		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 6401 Orchid Hill Pl		Transaction ID: PR1094194214558
	City Louisville	State KY	Zip Code 40207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Counsel	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mary L Dennison	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 4678 Mount Eden Road	Transaction ID: PR1094194814558
	City State Zip Code Shelbyville KY 40065	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Michael J Bean	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street	Transaction ID: PR1094195114558
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Anne S Woods	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7420 Falls Ridge Ct.	Transaction ID: PR1094195414558
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$36.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	149.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Stephanie J Warren	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2169 Balmer-Fenwick Road	Transaction ID: PR1094195714558
	City State Zip Code Floyds Knobs IN 47119	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Facility Mgmt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) John Lucchese	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 14401 Broad Oak Place	Transaction ID: PR1094195914558
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 76.94
	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Corp Controller	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.05	

C.	Full Name (Last, First, Middle Initial) Rose M Michels	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street	Transaction ID: PR1094196014558
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Tax Compliance	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	136.94
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Joseph Landenwich
Mailing Address 2213 Wrocklage Ave.
City State Zip Code
Louisville KY 40205
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094196314558
Amount of Each Receipt this Period 120.00
P/R Deduction (\$60.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Arthur L Rothgerber
Mailing Address 680 S. Fourth Street
City State Zip Code
Louisville KY 40202
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094196414558
Amount of Each Receipt this Period 38.00
P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Charles E Leanhart
Mailing Address 680 S. Fourth Street
City State Zip Code
Louisville KY 40202
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accts Payable
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00
Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094196614558
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 208.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Linda M O'Bryan
 Mailing Address 1614 Sylvan Way
 City State Zip Code
 Louisville KY 40205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VPPatient Care &Quality-H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094196714558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mark A Laemmle
 Mailing Address 2224 Highland Springs 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 Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094197114558
 Amount of Each Receipt this Period 62.00
 P/R Deduction (\$31.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Douglas Curnutte
 Mailing Address 1014 Springside Way
 City State Zip Code
 Louisville KY 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094197214558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 122.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Brian L Caudill		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street		Transaction ID: PR1094197314558
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD Reimb	P/R Deduction (\$26.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

B.	Full Name (Last, First, Middle Initial) Mary R Russell		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7300 Wood Rock Rd		Transaction ID: PR1094197614558
	City Louisville	State KY	Zip Code 40291
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Accounting-HSD	P/R Deduction (\$22.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

C.	Full Name (Last, First, Middle Initial) William M Altman		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street		Transaction ID: PR1094198014558
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.60
	Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategy&PublicPolicy	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50		

SUBTOTAL of Receipts This Page (optional)	▶	480.60
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Bobby V Bas	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2084 Wind River Road	Transaction ID: PR1094198314558
	City State Zip Code El Cajon CA 92019	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Radiology Tech Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 225.00	P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Joseph Wainscott	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 8918 Serpent Circle	Transaction ID: PR1094199814558
	City State Zip Code Indianapolis IN 46236	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Finance-Central RegHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.00	P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) J. Harold Walker	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 429 Freedom Trail	Transaction ID: PR1094200114558
	City State Zip Code Sparta TN 38583	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	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 225.00	P/R Deduction (\$15.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 24 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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**

Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-West Group-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094200414558
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Billy Wilcox

Mailing Address 10000 N. Eldridge Pkwy # 438

City Houston State TX Zip Code 77065

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

Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094200514558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. 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**

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & COO-West Group-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094200614558
 Amount of Each Receipt this Period 240.00
 P/R Deduction (\$120.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **340.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steven Monaghan

Mailing Address 508 W. Melrose #7-A

City State Zip Code
Chicago IL 60657

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Grp-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1245.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1094200714558

Amount of Each Receipt this Period
140.00

P/R Deduction (\$55.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Susan B Myers

Mailing Address 959 Whetstone Way

City State Zip Code
Louisville KY 40223

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

Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1094201514558

Amount of Each Receipt this Period
30.00

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

C.

Full Name (Last, First, Middle Initial)
John Miner

Mailing Address 4730 Dunnie Drive

City State Zip Code
Tampa FL 33614

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1094202114558

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Pamela Marie Riter		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 300 Beach Dr. N.E. Unit 2301		Transaction ID: PR1094202414558
City St. Petersburg	State Zip Code FL 33701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Mary Craig		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 18602 Camellia Estates Lane		Transaction ID: PR1094202614558
City Cypress	State Zip Code TX 77429	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$5.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Julie Feasel		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 6211 Iroquios Ct.		Transaction ID: PR1094203014558
City Odessa	State Zip Code FL 33556	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Hosp Rehab-PRS	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 56
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A.

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

Mailing Address 7644 Harbour Blvd.

City Miramar State FL Zip Code 33023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094203614558
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address 140 Pioneer Trail

City Green Cove Springs State FL Zip Code 32043

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094204314558
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C.

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

Mailing Address 355 Woolsey Brooks

City Fayetteville State GA Zip Code 30214

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094204614558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
James J Novak
 Mailing Address 9680 Ridgewalk Court
 City State Zip Code
 Davie FL 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Exec VP-East Grp-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094205314558
 Amount of Each Receipt this Period 84.00
 P/R Deduction (\$42.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Sally I Hoffmann
 Mailing Address 13713 Rothman Tate Place
 City State Zip Code
 Riverview FL 33579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094205714558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Donna Kelsey
 Mailing Address 2075 E. Tivoli Hills Drive
 City State Zip Code
 Draper UT 84020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Pacific Reg-HSD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00
 Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094210114558
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 164.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Katherine Davis

Mailing Address 8419 Oxford Woods Court

City State Zip Code
Louisville KY 40222

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094210214558

Amount of Each Receipt this Period 30.00

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

B. Full Name (Last, First, Middle Initial)
Anita Tillery

Mailing Address 2531 Rock Creek Drive

City State Zip Code
Chesapeake VA 23325

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 ▼ 300.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094211014558

Amount of Each Receipt this Period 40.00

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

C. Full Name (Last, First, Middle Initial)
Donna M Nackers

Mailing Address 1760 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 Operation Reimb

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094212514558

Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Celeste M Bentley		Date of Receipt
	Mailing Address 4 Stuart Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Barrington	NH	03825
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094213314558
Name of Employer Kindred Healthcare Inc.		Occupation Dir Reimb-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 30.00
			P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Lane M Bowen		Date of Receipt
	Mailing Address 680 South Fourth Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Louisville	KY	40202
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094213614558
Name of Employer Kindred Healthcare Inc.		Occupation Exec VP & President-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Michael W Beal		Date of Receipt
	Mailing Address 10 Glenwood Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Windham	NH	03087
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094214114558
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP-East Reg-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 170.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Susan A Kesterson		Date of Receipt
	Mailing Address 2334 Heritage Dr		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Corona	CA	92882
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Financial Ana	Transaction ID: PR1094216214558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Sylvia Burton		Date of Receipt
	Mailing Address 433 S. Plantation		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cookeville	TN	38506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Executive Dir III	Transaction ID: PR1094217614558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Gloria J Miller		Date of Receipt
	Mailing Address 100 Revere Crossing Ln. Apt. 107		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cary	NC	27519
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Operations I	Transaction ID: PR1094222114558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Patricia Pruden Lennox	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 11 Cider Mill Road	Transaction ID: PR1094222814558
	City State Zip Code Medway MA 02053	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Sales & MkingHSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Ronald D Long	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street	Transaction ID: PR1094224514558
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Contract Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Stephen F. Stoess	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 514 Locust Creek Blvd.	Transaction ID: PR1094224614558
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 46.80
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$23.40 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

SUBTOTAL of Receipts This Page (optional)	116.80
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) James E. Bell	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 14213 Aiken Road	Transaction ID: PR1094225014558
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Paul R. Eiseman	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3714 Fringe Tree Place	Transaction ID: PR1094225814558
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Bus Dev & Phys Rel-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Catharine C Young	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 6303 Deep Creek Drive	Transaction ID: PR1094228014558
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP & Employment Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles K. Currans	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7801 McCarthy Lane	Transaction ID: PR1094229114558
	City State Zip Code Louisville KY 40222	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Gaylia Bond	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 7015 Wooded Meadow Rd	Transaction ID: PR1094229714558
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$30.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Keith Krein	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street	Transaction ID: PR1094229814558
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 35 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Patricia M McGillan
Mailing Address 510 Altagate Rd
City State Zip Code
Louisville KY 40206
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00
Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094229914558
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Barbara L Baylis
Mailing Address 6702 Kingslook Court
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 Clin & Res Svcs-HSD
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094230014558
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Richard H Starke
Mailing Address 2404 Dundee Rd
City State Zip Code
Louisville KY 40205
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Rehab Svcs-PRS
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094231514558
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 56
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

A.

Full Name (Last, First, Middle Initial)
Mary J Yesue

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094232114558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Edward J Goddard

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Labor Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094233514558
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Jacqueline Lanter

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 ▼ 225.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1094234314558
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey F Lockett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2008
	Mailing Address 6109 Whispering Hills Blvd.		Transaction ID: PR1094234414558
	City Louisville	State KY	Zip Code 40219
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	P/R Deduction (\$22.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

B.	Full Name (Last, First, Middle Initial) Peter D Corless		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street		Transaction ID: PR1094235214558
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2008
	Mailing Address 2615 Zhale Smith Rd.		Transaction ID: PR1094235414558
	City LaGrange	State KY	Zip Code 40031
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	124.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 56
(check only one)

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

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

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

A.

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

Mailing Address 9891 Heytesbery

City State Zip Code
Sandy UT 84092

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1094237314558

Amount of Each Receipt this Period
80.00

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

B.

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

Mailing Address 3703 River Bluff Road

City State Zip Code
Prospect KY 40059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1094241214558

Amount of Each Receipt this Period
40.00

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

C.

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

Mailing Address 11310 Haleco Lane

City State Zip Code
Hales Corners WI 53130

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1094241914558

Amount of Each Receipt this Period
40.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Gregory C. Miller		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 8000 Allielough Court		Transaction ID: PR1094242814558
	City Prospect	State KY	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Dev & Fin Plan	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Diana Hanyak		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 17057 Rosebud Dr.		Transaction ID: PR1094243414558
	City Yorba Linda	State CA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Administrator II	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) Philip L. Jones		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 702 Helmsdale Place N.		Transaction ID: PR1094243514558
	City Brentwood	State TN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off I	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Jerome J. Yarnish

Mailing Address 215 Sheffield Lane

City Birmingham State AL Zip Code 35242

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

Name of Employer Kindred Healthcare Inc. Occupation VP Business Dev-PRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1094245614558

Amount of Each Receipt this Period 30.00

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

B.

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

Mailing Address 14 Westwind Road

City Louisville State KY Zip Code 40207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1094246614558

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Steven Tanner

Mailing Address 6622 Rosebud Lane

City Indianapolis State IN Zip Code 46237

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 ▼ 300.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1094246814558

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► 170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mark A Bush		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 6208 Tiara Court		Transaction ID: PR1094247114558
	City Louisville	State KY	Zip Code 40219
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Program Dev	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) Thomas Wood		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 2949 Glascock Street		Transaction ID: PR1094247214558
	City Oakland	State CA	Zip Code 94601
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00		

C.	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 15106 59th Place NE		Transaction ID: PR1094247814558
	City Kenmore	State WA	Zip Code 98028
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Kristie A Frock		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address RR 6 Box 20 Redcoat Road		Transaction ID: PR1094249514558
	City Nevada	State MO	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Field Dir Util Compl	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) Larry J Green		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1420 Creekstone Dr. NE		Transaction ID: PR1094249814558
	City Corydon	State IN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Planning & Dev	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

C.	Full Name (Last, First, Middle Initial) Sharon J Spittle		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 26 Estes Street		Transaction ID: PR1094250014558
	City Ipswich	State MA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 56
(check only one)

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

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

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

A.

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

Mailing Address 5400 Farm Ridge Lane

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1094250914558

Amount of Each Receipt this Period 40.00

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

B.

Full Name (Last, First, Middle Initial)
Steve Ross

Mailing Address 35069 Roberts Lane

City St Helens State OR Zip Code 97051

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 ▼ 300.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1135252614558

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Josephine Litzenberger

Mailing Address 11401 Dr. M.L.K. Jr. Street N.
Apt 1201

City St Petersburg State FL Zip Code 33716

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

Name of Employer Kindred Healthcare Inc. Occupation Grp SrDir Managed Care-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1135286914558

Amount of Each Receipt this Period 36.00

P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 116.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory T Hayden

Mailing Address 680 S. Fourth Street

City State Zip Code
Louisville KY 40202

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

Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1150400114558

Amount of Each Receipt this Period 30.00

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

B.

Full Name (Last, First, Middle Initial)
Rachael L Parker

Mailing Address 70 Birch Ridge Rd

City State Zip Code
Westford VT 05494

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 ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1150411114558

Amount of Each Receipt this Period 50.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)
Michael Speidel

Mailing Address 476 Pluto Court

City State Zip Code
Littleton CO 80124

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: PR1150411814558

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 56						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) Pamela M Bresee		Date of Receipt
	Mailing Address 4155 SW 192nd Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Aloha	OR	97007
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1227852414558
Name of Employer Kindred Healthcare Inc.		Occupation Reg Financial Ana	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 30.00
			P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Russell D Ragland		Date of Receipt
	Mailing Address 9902 Palace Green Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Vienna	VA	22181
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1267998114558
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Fin-HSD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Catherine Nurmela		Date of Receipt
	Mailing Address 1409 W. Elmdale		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2008
	City	State	Zip Code
	Chicago	IL	60660
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1267998414558
Name of Employer Kindred Healthcare Inc.		Occupation Chief Clinical Off II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 30.00
			P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Donna Sroczynski		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 399 Fountain Drive		Transaction ID: PR1281185314558
	City Elgin	State IL	Zip Code 60124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Diane L. Otteman		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 40 East Cedar Apt. #21A		Transaction ID: PR1300206414558
	City Chicago	State IL	Zip Code 60611
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) Rita D Simmons		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 680 S. Fourth Street		Transaction ID: PR1333437014558
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Ops Risk Mgmt	P/R Deduction (\$16.00 Bi-Weekly)
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)	▶	102.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Mark D. Johnson	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 3011 Springcrest Drive	Transaction ID: PR1336786714558
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Supp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Ann Bumb	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 9301 S. Mitthoeffer Road	Transaction ID: PR1336786914558
	City State Zip Code Indianapolis IN 46259	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Dir Quality Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Patrick Herm	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1910 Woodfield Road	Transaction ID: PR1336787114558
	City State Zip Code Louisville KY 40220	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc Occupation Adm Mgr Fin Rptng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ross A Johnson		Date of Receipt
	Mailing Address 5221 Moccasin Trail		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisville	KY	40207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Recruiting-PRS	Transaction ID: PR1359729014558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) James C Hansen		Date of Receipt
	Mailing Address 1944 South 275 East		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Clearfield	UT	84015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation Reg Mgr Operation Reimb	Transaction ID: PR1394177114558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mary D Van De Kamp		Date of Receipt
	Mailing Address 251 Arbor Lane		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Green Bay	WI	54301
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kindred Healthcare Inc.		Occupation VP Clinical Rehab-PRS	Transaction ID: PR1408953114558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Pamela A. Justice		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 5912 Mercury Dr		Transaction ID: PR1408953214558
	City Louisville	State KY	Zip Code 40291
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Deborah A Foushee		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1106 Indiana Ave.		Transaction ID: PR1425258814558
	City New Albany	State IN	Zip Code 47150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.00
	Name of Employer Kindred Healthcare Inc.	Occupation State Dir of Risk Mgmt	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) Thomas Sullivan		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 467 Mendon Road		Transaction ID: PR1493281114558
	City Northbridge	State MA	Zip Code 01534
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare	Occupation Area Executive Dir	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	122.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 56
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Jeff Barbieri

Mailing Address 3823 Creek Mont

City Medford State OR Zip Code 97504

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 ▼ 240.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1503295614558

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Weekly)

B.

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

Mailing Address 1668 Victory Court

City Prospect State KY Zip Code 40059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1524244414558

Amount of Each Receipt this Period 40.00

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

C.

Full Name (Last, First, Middle Initial)
George H Schaefer

Mailing Address 645 Ulverston Dr.

City Columbus State OH Zip Code 43230

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

Name of Employer Kindred Healthcare Inc. Occupation VP Sales & Marketing-HSD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR1541444314558

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) David Culbreth		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 2823 Regatta Drive		Transaction ID: PR1559851814558
City Oakland	State Zip Code CA 94601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Linda Larson		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 30021 51st Court S		Transaction ID: PR1559851914558
City Auburn	State Zip Code WA 98001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	P/R Deduction (\$20.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	12817.84

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Voinovich For Senate Committee

Transaction ID: 25399211
Date of Disbursement

Mailing Address 865 Macon Alley

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

City Columbus State OH Zip Code 43206

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Sen. George Voinovich

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: OH District:

Contribution

B.

Full Name (Last, First, Middle Initial)
Mccaskill For Missouri 2012

Transaction ID: 25660563
Date of Disbursement

Mailing Address 607 14th Street NW
Suite 800

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

1000.00

Candidate Name
Sen. Claire McCaskill

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MO District:

Contribution

C.

Full Name (Last, First, Middle Initial)
Friends of Gordon Smith

Transaction ID: 25660564
Date of Disbursement

Mailing Address 228 South Washington Street
Suite 115

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

2000.00

Candidate Name
Gordon Smith

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: OR District:

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Udall For Us All</p> <p>Mailing Address 3311 Candelaria NE Suite A</p> <p>City Albuquerque State NM Zip Code 87107</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25660565 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John Bocchieri For Congress</p> <p>Mailing Address P.O. Box 3016</p> <p>City Alliance State OH Zip Code 44601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. John Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25660575 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bright For Congress.Com</p> <p>Mailing Address P.O. Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Bobby Bright</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25660576 Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Gerry Connolly For Congress	Transaction ID: 25660578 Date of Disbursement
	Mailing Address P.O. Box 563	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Gerry Connolly	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Halvorson For Congress	Transaction ID: 25660596 Date of Disbursement
	Mailing Address P.O. Box 176	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Crete State IL Zip Code 60417	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Deborah Halvorson	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Martin Heinrich	Transaction ID: 25660607 Date of Disbursement
	Mailing Address 2118 Central Avenue SE #71	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Albuquerque State NM Zip Code 87106	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Mr. Martin Heinrich	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 55 / 56

<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

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

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

A.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address 205 N Main St. City Oregon City State OR Zip Code 97045 Purpose of Disbursement Contribution Candidate Name Mr. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25660624 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Griffith For Congress Mailing Address P.O. Box 2619 City Huntsville State AL Zip Code 35804 Purpose of Disbursement Contribution Candidate Name Mr. R Parker Griffith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25660643 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona Mailing Address P.O. Box 993 City Prescott State AZ Zip Code 86302 Purpose of Disbursement Contribution Candidate Name Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25660651 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 56 / 56

<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

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

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

A. Full Name (Last, First, Middle Initial) Madia For U S Congress Mailing Address P.O. Box 2459 City Maple Grove State MN Zip Code 55311 Purpose of Disbursement Contribution Candidate Name Jigar Madia Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25660666 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City Syracuse State NY Zip Code 13214 Purpose of Disbursement Contribution Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 25660668 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

17000.00