

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 04 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Electronically Filed by Hank Robinson Date 05 19 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35053.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	43975.11									
(c) Total Receipts (from Line 19) .....	23683.40	52604.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67658.51	87658.51								
7. Total Disbursements (from Line 31) .....	13221.29	33221.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54437.22	54437.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	16572.60	22347.40
(ii) Unitemized .....	7110.80	30257.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23683.40	52604.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23683.40	52604.60
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23683.40	52604.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23683.40	52604.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	221.29	221.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	221.29	221.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	29000.00
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	4000.00
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))..	13221.29	33221.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13221.29	33221.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	23683.40	52604.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23683.40	52604.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	221.29	221.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	221.29	221.29

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Clarence Wurdock

Mailing Address 2511 Savannah Road

City State Zip Code  
Louisville KY 40242

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

Name of Employer Kindred Healthcare, Inc Occupation Director of Marketing and Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2010

**Transaction ID:** 34331843

Amount of Each Receipt this Period  
600.00

**B.**

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

Mailing Address 9103 Lantern Lite Parkway

City State Zip Code  
Louisville KY 40220

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

Name of Employer Kindred Healthcare, Inc Occupation Vice President of Facilities Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** 34331847

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul J Diaz

Mailing Address 204 Loganberry Court

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare, Inc Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

**Transaction ID:** 34544833

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6600.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Cu

Mailing Address PO Box 29482

City State Zip Code  
Los Angeles CA 90029-0482

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
04 / 19 / 2010

**Transaction ID:** 34544884

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Richard E Chapman

Mailing Address 11200 Bodley Drive

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Exec VP Chief Adm&InfoOff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
04 / 27 / 2010

**Transaction ID:** 34559661

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Marsha L. Abeln

Mailing Address 1323 Avalon Drive

City State Zip Code  
Rockledge FL 32955-6209

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Hospital-Melbourne Occupation CFO/Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** 34742673

Amount of Each Receipt this Period 900.00

**SUBTOTAL** of Receipts This Page (optional) ..... 6200.00

**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 8 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Philip Blake Ragsdell

Mailing Address 7907 Deronia Avenue

City State Zip Code  
Louisville KY 40222-4826

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

Name of Employer Kindred Healthcare, Inc. Occupation Director of Customer Support

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  /  /   
**Transaction ID:** 34742678  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City State Zip Code  
Houston TX 77024

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

Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  /  /   
**Transaction ID:** PR1094183919333  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
David R Windhorst

Mailing Address 2000 Spring Farms Road

City State Zip Code  
Floyds Knobs IN 47119

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

Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  /  /   
**Transaction ID:** PR1094185019333  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **530.00**

**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 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Katheryn J Markham

Mailing Address 10602 Taylor Farm Ct

City State Zip Code  
Prospect KY 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR1094185619333  
 Amount of Each Receipt this Period: 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
William B Seibert

Mailing Address 4706 Wolfcreek Pkwy

City State Zip Code  
Louisville KY 40241

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 ▼ 240.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR1094187419333  
 Amount of Each Receipt this Period: 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C.**

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

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code  
Louisville KY 40245

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** PR1094187919333  
 Amount of Each Receipt this Period: 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**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 10 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen M Dobler	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1106 Holly Springs Drive	<b>Transaction ID:</b> PR1094188019333
	City State Zip Code Louisville KY 40242	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$45.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Foster	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1134 W. Granville Avenue Unit 815	<b>Transaction ID:</b> PR1094190319333
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Shapiro	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 22591 Covington Drive	<b>Transaction ID:</b> PR1094190419333
	City State Zip Code Deer Park IL 60010	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Division VP-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> 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 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sean R Muldoon

Mailing Address 239 Fairfax Avenue

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 & Chief Med Off-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1094192219333

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Susan Moss

Mailing Address 161 Westwind Road

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1094193319333

Amount of Each Receipt this Period  
80.00

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

**C.**

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

Mailing Address 7109 Cannonade Court

City State Zip Code  
Prospect KY 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1094193919333

Amount of Each Receipt this Period  
70.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**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 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis J Hansen	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1791 Connor Station Road	<b>Transaction ID:</b> PR1094194119333
	City State Zip Code Simpsonville KY 40067	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$35.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Anne S Woods	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 7420 Falls Ridge Ct.	<b>Transaction ID:</b> PR1094195419333
	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 ▼ 288.00	P/R Deduction (\$36.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) John Lucchese	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 14401 Broad Oak Place	<b>Transaction ID:</b> PR1094195919333
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	242.00
<b>TOTAL</b> 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 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Landenwich  
Mailing Address 2213 Wrocklage Ave.  
City State Zip Code  
Louisville KY 40205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: PR1094196319333  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$60.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Brian L Caudill  
Mailing Address 1647 Beechwood Avenue  
City State Zip Code  
Louisville KY 40204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00  
Date of Receipt 04 / 30 / 2010  
Transaction ID: PR1094197319333  
Amount of Each Receipt this Period 52.00  
P/R Deduction (\$26.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
William M Altman  
Mailing Address 9103 Lexington Lane  
City State Zip Code  
Louisville KY 40241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1538.40  
Date of Receipt 04 / 30 / 2010  
Transaction ID: PR1094198019333  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 556.60  
**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: PAGE 14 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 Reg-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** PR1094200419333  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Traci Shelton

Mailing Address 2913 3rd. Street # 201

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 Reg-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** PR1094200619333  
 Amount of Each Receipt this Period 380.00  
 P/R Deduction (\$190.00 Bi-Weekly)

**C.**

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

Mailing Address 508 W. Melrose #7-A

City Chicago State IL Zip Code 60657

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP-Cent Reg-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** PR1094200719333  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 570.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 22  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 Reg-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1094205319333

Amount of Each Receipt this Period 84.00

P/R Deduction (\$42.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Lane M Bowen

Mailing Address 10966 Secret View Drive

City State Zip Code  
Sandy UT 84092

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1094213619333

Amount of Each Receipt this Period 100.00

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

**C.**

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

Mailing Address 510 Altagate Rd

City State Zip Code  
Louisville KY 40206

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** PR1094229919333

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **244.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Douglas Roth

Mailing Address 9891 Heytesbery

City State Zip Code  
Sandy UT 84092

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR1094237319333  
Amount of Each Receipt this Period: 80.00  
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR1094246619333  
Amount of Each Receipt this Period: 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Wood

Mailing Address 2949 Glascock Street

City State Zip Code  
Oakland CA 94601

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: PR1094247219333  
Amount of Each Receipt this Period: 130.00  
P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **410.00**

**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 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt
	Mailing Address 15106 59th Place NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Kenmore	WA	98028
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Dist Dir Operations I	<b>Transaction ID:</b> PR1094247819333
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 205.00	Amount of Each Receipt this Period <input type="text"/> 55.00
			P/R Deduction (\$30.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell D Ragland		Date of Receipt
	Mailing Address 9902 Palace Green Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Vienna	VA	22181
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare Inc.		Occupation Sr VP Fin-HSD	<b>Transaction ID:</b> PR1267998119333
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 400.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Jane Dailey		Date of Receipt
	Mailing Address 10411 Loving Trail Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Frisco	TX	75035
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Kindred Healthcare, Inc.		Occupation VP & CCO-East Reg-HD	<b>Transaction ID:</b> PR1618127519333
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 800.00	Amount of Each Receipt this Period <input type="text"/> 200.00
			P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 355.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22  
(check only one)

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

A.

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

Mailing Address 2385 Nutwood Place

City State Zip Code  
Manteca CA 95336

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 ▼  
315.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: PR1618128719333

Amount of Each Receipt this Period  
105.00

P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16572.60

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 22

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Mark Warner	Transaction ID: 34195051 Date of Disbursement 04 / 02 / 2010
	Mailing Address 201 North Union Street Suite 300	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contribution Candidate Name Sen. Mark Warner	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Trey Grayson	Transaction ID: 34195597 Date of Disbursement 04 / 02 / 2010
	Mailing Address PO Box 175726	Amount of Each Disbursement this Period 1000.00
	City Ft Mitchell State KY Zip Code 41017	
	Purpose of Disbursement Contribution Candidate Name Trey Grayson	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Bennet For Colorado	Transaction ID: 34420087 Date of Disbursement 04 / 20 / 2010
	Mailing Address P.O. Box 3078	Amount of Each Disbursement this Period 2500.00
	City Denver State CO Zip Code 80201	
	Purpose of Disbursement Contribution Candidate Name Michael F. Bennet	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Alamo PAC  Mailing Address 919 Congress Avenue, Suite 1400 Frost Bank Plaza  City Austin State TX Zip Code 78701  Purpose of Disbursement Contribution Candidate Name Alamo PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 34544706 Date of Disbursement 04 / 27 / 2010  Amount of Each Disbursement this Period 1000.00  Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010  Mailing Address 5915 Eastman Avenue Suite 100  City Midland State MI Zip Code 48640  Purpose of Disbursement Contribution Candidate Name Rep. David Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04	Transaction ID: 34544767 Date of Disbursement 04 / 27 / 2010  Amount of Each Disbursement this Period 1000.00  Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Toomey For Senate Committee  Mailing Address 2720 Jordan Road  City Orefield State PA Zip Code 18069  Purpose of Disbursement Contribution Candidate Name Mr. Patrick Toomey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Transaction ID: 34544781 Date of Disbursement 04 / 27 / 2010  Amount of Each Disbursement this Period 2500.00  Contribution	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

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

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

A.

Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
National Republican Senatorial Committee

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 34558428

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Amount of Each Disbursement this Period

2500.00
---------

011  
Category/  
Type

Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2500.00
---------

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

13000.00
----------

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

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

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

A.

Full Name (Last, First, Middle Initial)

BB&T Bank

Mailing Address P.O. Box 1101

City State Zip Code  
Louisville KY 40201

Purpose of Disbursement  
Check Printing Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 34772198

Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

221.29

Check Printing Fee

SUBTOTAL of Disbursements This Page (optional) .....

221.29

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

221.29