

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 680 S. Fourth St. 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, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 06 01 2012 through 06 30 2012

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 Hank Robinson [Electronically Filed] Date 07 19 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		79336.23
(b) Cash on Hand at Beginning of Reporting Period.....	129403.23	
(c) Total Receipts (from Line 19)	38696.00	120763.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	168099.23	200099.23
7. Total Disbursements (from Line 31).....	59000.00	91000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	109099.23	109099.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 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).....	34345.50	79090.30
(ii) Unitemized	4350.50	36672.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38696.00	115763.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	38696.00	115763.00
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 Transfers (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))..... ▶	38696.00	120763.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38696.00	120763.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59000.00	86000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	59000.00	91000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59000.00	91000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	38696.00	115763.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38696.00	115763.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<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. Christopher Hjelm
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 South Clippenger Drive
 City Cincinnati State OH Zip Code 45243-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Kindred Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 01 / 2012
Transaction ID : 45772124
 Amount of Each Receipt this Period 5000.00

B. Jovena Stucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 5851 Midnight Moon Dr
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 06 / 01 / 2012
Transaction ID : 45772125
 Amount of Each Receipt this Period 500.00

C. Marc D. Rothman
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Anchorage Point
 City Louisville State KY Zip Code 40223-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Chief Medical Officer-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 01 / 2012
Transaction ID : 45772129
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
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 OF 45
(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. Sally L. Brooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Hidden Ridge Drive
 City Milford State OH Zip Code 45150-5588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP of Medical Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2012
Transaction ID : 45809199
 Amount of Each Receipt this Period 1000.00

B. Phyllis Yale
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Moon Hill Road
 City Lexington State MA Zip Code 02421-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 08 / 2012
Transaction ID : 45809201
 Amount of Each Receipt this Period 5000.00

C. Michael J Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2694 Whitetail Ln
 City O'Fallon State MO Zip Code 63368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation DVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 06 / 05 / 2012
Transaction ID : 45819539
 Amount of Each Receipt this Period 140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6140.00
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 OF 45
(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

Full Name (Last, First, Middle Initial)
A. James M Douthitt

Mailing Address 160 N Sappington Rd

City State Zip Code
 St Louis MO 63122

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

Name of Employer Occupation
 Kindred Healthcare, Inc. SVP Operations -SRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 06 / 05 / 2012
Transaction ID : 45819540

Amount of Each Receipt this Period
 160.00

Full Name (Last, First, Middle Initial)
B. Patricia M Henry

Mailing Address 2555 N Pearl St #502

City State Zip Code
 Dallas TX 75201

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

Name of Employer Occupation
 Kindred Healthcare Inc. President-RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1805.00

Date of Receipt
 06 / 05 / 2012
Transaction ID : 45819541

Amount of Each Receipt this Period
 760.00

Full Name (Last, First, Middle Initial)
C. Linda R Kurland

Mailing Address 8133 Rock Elm Road

City State Zip Code
 Fort Worth TX 76131-3529

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

Name of Employer Occupation
 Kindred Healthcare, Inc. Region Vice President HRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 06 / 05 / 2012
Transaction ID : 45819542

Amount of Each Receipt this Period
 800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1720.00

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 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Sherrie Sharp

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : 45819543

Amount of Each Receipt this Period
240.00

Full Name (Last, First, Middle Initial)
B. Tanya Snodgrass

Mailing Address 28307 Woodsons Lake Dr.

City Spring State TX Zip Code 77386

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Bus Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : 45819544

Amount of Each Receipt this Period
450.00

Full Name (Last, First, Middle Initial)
C. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City Frisco State TX Zip Code 75034

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **959.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2012

Transaction ID : 45819545

Amount of Each Receipt this Period
189.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **879.00**

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 10 OF 45
(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

Full Name (Last, First, Middle Initial)
A. Mary Claire Willman

Mailing Address 529 Oaks Court

City State Zip Code
Webster Groves MO 63119-3530

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

Name of Employer Occupation
Kindred Healthcare, Inc. Region Vice President HRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2012
Transaction ID : 45819546

Amount of Each Receipt this Period
270.00

Full Name (Last, First, Middle Initial)
B. Dennis Ertel

Mailing Address 6912 Windham Parkway

City State Zip Code
Prospect KY 40059

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

Name of Employer Occupation
Kindred Healthcare, Inc VP Clinical/Bus Sys Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2012
Transaction ID : 45940093

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Jonathan Blum

Mailing Address 702 Shady Lane

City State Zip Code
Louisville KY 40223-2248

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

Name of Employer Occupation
Kindred Healthcare Inc. Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2012
Transaction ID : 46010413

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7770.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas P Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3335
 City Rancho Santa Fe State CA Zip Code 92067-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 26 / 2012**
Transaction ID : 46156470
 Amount of Each Receipt this Period **1000.00**

B. Roderick J Cowgill
 Full Name (Last, First, Middle Initial)
 Mailing Address 9103 Lantern Lite Pkwy
 City Louisville State KY Zip Code 40220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc Occupation VP Facilities Mgmt-HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094115424616
 Amount of Each Receipt this Period **120.00**
 P/R Deduction (\$40.00 Bi-Weekly)

C. Teresa S Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7115 Coachwood Drive
 City Georgetown State IN Zip Code 47122
 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 **260.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094183724616
 Amount of Each Receipt this Period **60.00**
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1180.00**
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 OF 45
<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. Edward L Kuntz
Full Name (Last, First, Middle Initial)

Mailing Address 8807 Stable Crest Boulevard

City Houston	State TX	Zip Code 77024
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Chairman of the BOD
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR1094183924616

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 2000 Spring Farms Road

City Floyds Knobs	State IN	Zip Code 47119
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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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR1094185024616

Amount of Each Receipt this Period
120.00

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

C. Lawrence I Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 4826 N Winthrop Ave #3S

City Chicago	State IL	Zip Code 60640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Health Info Tech Strateg
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : PR1094185124616

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional).....	480.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Katheryn J Markham		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1094185624616
Mailing Address 10602 Taylor Farm Ct		Amount of Each Receipt this Period 135.00
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Planning&FieldSvcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) B. Catherine A Gooch		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1094185924616
Mailing Address 14516 Clear Meadow Court		Amount of Each Receipt this Period 60.00
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Patrick J Gillenwater		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1094186424616
Mailing Address 402 Erin Drive		Amount of Each Receipt this Period 52.50
City Jeffersonville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. C		P/R Deduction (\$17.50 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

SUBTOTAL of Receipts This Page (optional).....▶	247.50
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 14 OF 45
	<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. Charles Wardrip
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Chestnut Ridge Place
 City Louisville State KY Zip Code 40245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094187924616
 Amount of Each Receipt this Period 135.00
 P/R Deduction (\$45.00 Bi-Weekly)

B. Stephen M Dobler
 Full Name (Last, First, Middle Initial)
 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 ▼ 750.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094188024616
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Terry Carrico
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Wolf Lair Court
 City New Albany State IN Zip Code 47150
 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 ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094188224616
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 495.00
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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3105 Crestmoor 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 Cnslt Tech Arch

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1094188424616

Amount of Each Receipt this Period **60.00**

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

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

Mailing Address 41 La Sierra Dr.

City Phillips Ranch State CA Zip Code 91766

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

Name of Employer Kindred Healthcare Inc. Occupation Region Vice President HRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1094189124616

Amount of Each Receipt this Period **75.00**

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

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

Mailing Address 1314 Amelia St.

City New Orleans State LA Zip Code 70115

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

Name of Employer Kindred Healthcare Inc. Occupation Resource CEO HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1094190024616

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1134 W. Granville Avenue
Unit 815

City Chicago State IL Zip Code 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 ▼ 300.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1094190324616

Amount of Each Receipt this Period
50.00

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

B. Jack Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 22591 Covington Drive

City Deer Park State IL Zip Code 60010

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

Name of Employer Kindred Healthcare Inc. Occupation Division VP-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1094190424616

Amount of Each Receipt this Period
100.00

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

C. Theodore Welding
Full Name (Last, First, Middle Initial)

Mailing Address 2448 Middle River Dr.

City Ft. Lauderdale State FL Zip Code 33305

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1094191324616

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 239 Fairfax Avenue

City Louisville State KY Zip Code 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 ▼ 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1094192224616

Amount of Each Receipt this Period
 300.00

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

B. Joel W Day
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Spring Farms Drive

City Floyds Knobs State IN Zip Code 47119

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1094193124616

Amount of Each Receipt this Period
 90.00

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

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

Mailing Address 161 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 Crp Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1094193324616

Amount of Each Receipt this Period
 120.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00

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 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Charles Michael Grannan		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 7109 Cannonade Court		Transaction ID : PR1094193924616
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
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 ▼ 455.00	

Full Name (Last, First, Middle Initial) B. Dennis J Hansen		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1791 Connor Station Road		Transaction ID : PR1094194124616
City Simpsonville	State KY	Zip Code 40067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-NCD	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 ▼ 455.00	

Full Name (Last, First, Middle Initial) C. Mary Suzanne Riedman		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 4308 Hampton Creek Drive		Transaction ID : PR1094194224616
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 Gen Coun & CDO	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 ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 45
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mary L Dennison
Full Name (Last, First, Middle Initial)
Mailing Address 4678 Mount Eden Road
City Shelbyville State KY Zip Code 40065
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094194824616
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Michael J Bean
Full Name (Last, First, Middle Initial)
Mailing Address 941 Mallard Creek 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 Tax Planning
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094195124616
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

C. Anne S Woods
Full Name (Last, First, Middle Initial)
Mailing Address 7420 Falls Ridge Ct.
City Louisville State KY Zip Code 40241
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094195424616
Amount of Each Receipt this Period 117.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 297.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Lucchese
Full Name (Last, First, Middle Initial)

Mailing Address 14401 Broad Oak Place

City Louisville State KY Zip Code 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094195924616

Amount of Each Receipt this Period 288.00

P/R Deduction (\$96.00 Bi-Weekly)

B. Joseph Landenwich
Full Name (Last, First, Middle Initial)

Mailing Address 1822 Casselberry Road

City Louisville State KY Zip Code 40205

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

Name of Employer Kindred Healthcare Inc. Occupation Co Gen Counsel & Corp Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094196324616

Amount of Each Receipt this Period 180.00

P/R Deduction (\$60.00 Bi-Weekly)

C. Arthur L Rothgerber
Full Name (Last, First, Middle Initial)

Mailing Address 8325 Regency Woods Way

City Louisville State KY Zip Code 40220

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094196424616

Amount of Each Receipt this Period 69.00

P/R Deduction (\$23.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 537.00

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 21 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Linda M O'Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Sylvan Way
 City Louisville State KY Zip Code 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 ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094196724616
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Brian L Caudill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1647 Beechwood Avenue
 City Louisville State KY Zip Code 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 ▼ 338.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094197324616
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$26.00 Bi-Weekly)

C. William M Altman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9103 Lexington Lane
 City Louisville State KY Zip Code 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation EVPStrategyPolicy&IntCare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094198024616
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 714.90
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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Comer
Full Name (Last, First, Middle Initial)
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 **455.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094200424616
Amount of Each Receipt this Period **105.00**
P/R Deduction (\$35.00 Bi-Weekly)

B. Steven Monaghan
Full Name (Last, First, Middle Initial)
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 **3245.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094200724616
Amount of Each Receipt this Period **405.00**
P/R Deduction (\$135.00 Bi-Weekly)

C. John Miner
Full Name (Last, First, Middle Initial)
Mailing Address 4730 Dunnie Drive
City Tampa State FL Zip Code 33614
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 **240.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094202124616
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **550.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Charles D Doten		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 7644 Harbour Blvd.		Transaction ID : PR1094203624616
City Miramar	State FL	Zip Code 33023
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 Exec Off 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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Timothy L Simpson		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 140 Pioneer Trail		Transaction ID : PR1094204324616
City Green Cove Springs	State FL	Zip Code 32043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Division VP-HD	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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Donna Kelsey		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 2075 E. Tivoli Hills Drive		Transaction ID : PR1094210124616
City Draper	State UT	Zip Code 84020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Kindred Healthcare Inc.	Occupation EVP West Region NCD	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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 24 OF 45
<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. Anita Tillery
Full Name (Last, First, Middle Initial)

Mailing Address 3512 Raytee Drive

City Chesapeake State VA Zip Code 23323

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

Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR1094211024616

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 10966 Secret View Drive

City Sandy State UT Zip Code 84092

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR1094213624616

Amount of Each Receipt this Period
150.00

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

C. Michael W Beal
Full Name (Last, First, Middle Initial)

Mailing Address 10 Glenwood Road

City Windham State NH Zip Code 03087

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

Name of Employer Kindred Healthcare Inc. Occupation EVP East Region NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR1094214124616

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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 25 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Julie Butenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 Franklin Street # 303
 City San Francisco State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc Occupation Market Executive Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1094216924616
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Gloria J Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 Saint Marys Road
 City Hillsborough State NC Zip Code 27278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1094222124616
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Stephen F. Stoess
 Full Name (Last, First, Middle Initial)
 Mailing Address 514 Locust Creek Blvd.
 City Louisville State KY Zip Code 40245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1094224624616
 Amount of Each Receipt this Period
 70.20
 P/R Deduction (\$23.40 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	170.20
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 OF 45
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Charles K. Currens
 Full Name (Last, First, Middle Initial)
 Mailing Address 7801 McCarthy Lane
 City Louisville State KY Zip Code 40222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094229124616
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Keith Krein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 North 88th Street
 City Mesa State AZ Zip Code 85207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Medical Affairs-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094229824616
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patricia M McGillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Altagate Rd
 City Louisville State KY Zip Code 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 ▼ 390.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094229924616
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 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: (check only one)	PAGE 27 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barbara L Baylis
Full Name (Last, First, Middle Initial)
Mailing Address 7212 Deer Ridge 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 VP Clin & Res Svcs-NCD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094230024616
Amount of Each Receipt this Period **60.00**
P/R Deduction (\$20.00 Bi-Weekly)

B. Edward J Goddard
Full Name (Last, First, Middle Initial)
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 VP Labor Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094233524616
Amount of Each Receipt this Period **120.00**
P/R Deduction (\$40.00 Bi-Weekly)

C. Jeffrey F Luckett
Full Name (Last, First, Middle Initial)
Mailing Address 7701 Kendrick Crossing Lane
City Louisville State KY Zip Code 40291
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **286.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1094234424616
Amount of Each Receipt this Period **66.00**
P/R Deduction (\$22.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	246.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter D Corless
Full Name (Last, First, Middle Initial)
Mailing Address 3308 Overlook Ridge Rd
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 HR & Admin-NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094235224616
Amount of Each Receipt this Period 90.00
P/R Deduction (\$30.00 Bi-Weekly)

B. Tamila Johnson-White
Full Name (Last, First, Middle Initial)
Mailing Address 2615 Zhale Smith Rd.
City LaGrange State KY Zip Code 40031
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Dir Case Mgmt-NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094235424616
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Douglas Roth
Full Name (Last, First, Middle Initial)
Mailing Address 9891 Heytesbery
City Sandy State UT Zip Code 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West RegNCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1094237324616
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3703 River Bluff Road

City Prospect State KY Zip Code 40059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1094241224616

Amount of Each Receipt this Period **60.00**

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

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

Mailing Address 11310 Haleco Lane

City Hales Corners State WI Zip Code 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 ▼ **240.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1094241924616

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 702 Helmsdale Place N.

City Brentwood State TN Zip Code 37027

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1094243524616

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: (check only one)	PAGE 30 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Raymond J Sierpina		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 14 Westwind Road		Transaction ID : PR1094246624616
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP Public Pol &GovtAffair	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Steven Tanner		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1059 Mt Vernon Dr		Transaction ID : PR1094246824616
City Greenwood	State IN	Zip Code 46142
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Kindred Healthcare Inc.	Occupation Market Executive Dir	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Thomas Wood		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 2949 Glascock Street		Transaction ID : PR1094247224616
City Oakland	State CA	Zip Code 94601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 195.00	
Name of Employer Kindred Healthcare Inc.	Occupation DVP NCD	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 ▼ 845.00	

SUBTOTAL of Receipts This Page (optional).....▶	535.00
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 31 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gwynn Rucker
Full Name (Last, First, Middle Initial)
Mailing Address 15106 59th Place NE
City Kenmore State WA Zip Code 98028
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1094247824616
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Weekly)

B. Benjamin A Breier
Full Name (Last, First, Middle Initial)
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 President&COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1094250924616
Amount of Each Receipt this Period 576.90
P/R Deduction (\$192.30 Bi-Weekly)

C. Steve Ross
Full Name (Last, First, Middle Initial)
Mailing Address 34729 Alpine Ave.
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 ▼ 260.00

Date of Receipt
06 / 30 / 2012
Transaction ID : PR1135252624616
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 676.90
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 32 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Josephine Litzenberger
 Full Name (Last, First, Middle Initial)
 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 Sr Dir Managed Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1135286924616
 Amount of Each Receipt this Period
 54.00
 P/R Deduction (\$18.00 Bi-Weekly)

B. Rachael L Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Birch Ridge Rd
 City Westford State VT Zip Code 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1150411124616
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$10.00 Weekly)

C. Russell D Ragland
 Full Name (Last, First, Middle Initial)
 Mailing Address 9902 Palace Green Way
 City Vienna State VA Zip Code 22181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1267998124616
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 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: (check only one)	PAGE 33 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rita D Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Franck Avenue
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1333437024616
 Amount of Each Receipt this Period 48.00
 P/R Deduction (\$16.00 Bi-Weekly)

B. Pamela A. Justice
 Full Name (Last, First, Middle Initial)
 Mailing Address 5912 Mercury Dr
 City Louisville State KY Zip Code 40291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1408953224616
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Katherine W Gilchrist
 Full Name (Last, First, Middle Initial)
 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-RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : PR1524244424616
 Amount of Each Receipt this Period 180.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	288.00
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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mary Jane Dailey
Full Name (Last, First, Middle Initial)
Mailing Address 10411 Loving Trail Drive
City Frisco State TX Zip Code 75035
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP & CCOSoWest Reg-HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1618127524616
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Darrin Hull
Full Name (Last, First, Middle Initial)
Mailing Address 277 Bark River Court
City Delafield State WI Zip Code 53018
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1622380124616
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

C. David M Mikula
Full Name (Last, First, Middle Initial)
Mailing Address 3751 Northaven Road
City Dallas State TX Zip Code 75229
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Marketing HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1774751724616
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 35 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Philip B Ragsdell
 Full Name (Last, First, Middle Initial)
 Mailing Address 12004 Log Cabin Lane
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Dir Customer Supp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1784229524616
 Amount of Each Receipt this Period 66.00
 P/R Deduction (\$22.00 Bi-Weekly)

B. Lawrence J. Toyé
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 September Lane
 City Burlington State MA Zip Code 01803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1784230824616
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Carol Faló
 Full Name (Last, First, Middle Initial)
 Mailing Address 7041 Clubview Dr
 City Bridgeville State PA Zip Code 15017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Chief Clinical Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2012
Transaction ID : PR1784231524616
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	166.00
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 36 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barry Somervell
Full Name (Last, First, Middle Initial)
Mailing Address 7307 Grand Isle Way
City Prospect State KY Zip Code 40059
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1835833724616
Amount of Each Receipt this Period **150.00**
P/R Deduction (\$50.00 Bi-Weekly)

B. Kelly A Priegnitz
Full Name (Last, First, Middle Initial)
Mailing Address 436 Hillcrest Avenue
City Louisville State KY Zip Code 40206
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP & Chief Counsel-NCD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1950875224616
Amount of Each Receipt this Period **60.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. Matthew B Steinberg
Full Name (Last, First, Middle Initial)
Mailing Address 9009 Anemone Drive
City Prospect State KY Zip Code 40059
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation DVP Litigation Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1961243224616
Amount of Each Receipt this Period **60.00**
P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey M Jasnof
Full Name (Last, First, Middle Initial)
Mailing Address 9012 Coltsfoot Trace
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 Human Resources-HD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **650.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1961243324616
Amount of Each Receipt this Period **150.00**
P/R Deduction (\$50.00 Bi-Weekly)

B. Jeffrey P Stodghill
Full Name (Last, First, Middle Initial)
Mailing Address 2002 Kenilworth Place
City Louisville State KY Zip Code 40205
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **430.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1961243424616
Amount of Each Receipt this Period **130.00**
P/R Deduction (\$50.00 Bi-Weekly)

C. Kenneth T Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 4103 Old Farm Drive
City Crestwood State KY Zip Code 40014
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP Fin & Controller RHB
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : PR1961243624616
Amount of Each Receipt this Period **120.00**
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **400.00**
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 38 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Camilla Baughman
Full Name (Last, First, Middle Initial)

Mailing Address 109 Thoreau Way #712

City Lawrence State MA Zip Code 01843

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1963724624616

Amount of Each Receipt this Period **60.00**

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

B. James T Flowers
Full Name (Last, First, Middle Initial)

Mailing Address 4020 Gilman Avenue

City Louisville State KY Zip Code 40207

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

Name of Employer Kindred Healthcare, Inc. Occupation VP Crp Dev & Fin Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1975144124616

Amount of Each Receipt this Period **90.00**

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

C. Linda R Kurland
Full Name (Last, First, Middle Initial)

Mailing Address 8133 Rock Elm Road

City Fort Worth State TX Zip Code 76131-3529

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President HRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : PR1983484224616

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... **350.00**

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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Michael J Dixon

Mailing Address 2694 Whitetail Ln

City O'Fallon State MO Zip Code 63368

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR1983484324616

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)
B. James M Douthitt

Mailing Address 160 N Sappington Rd

City St Louis State MO Zip Code 63122

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

Name of Employer Kindred Healthcare, Inc. Occupation SVP Operations -SRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR1983484424616

Amount of Each Receipt this Period
60.00

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

Full Name (Last, First, Middle Initial)
C. Patricia M Henry

Mailing Address 2555 N Pearl St #502

City Dallas State TX Zip Code 75201

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

Name of Employer Kindred Healthcare Inc. Occupation President-RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2090.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : PR1983484524616

Amount of Each Receipt this Period
285.00

P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	385.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sherrie Sharp		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1983484624616
Mailing Address 11 Talais Drive		Amount of Each Receipt this Period 80.00
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President SRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial) B. Jovena Stucker		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1983484724616
Mailing Address 5851 Midnight Moon Dr		Amount of Each Receipt this Period 54.00
City Frisco	State TX	Zip Code 75034
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President SRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1013.00	P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial) C. Mary Claire Willman		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : PR1983484824616
Mailing Address 529 Oaks Court		Amount of Each Receipt this Period 135.00
City Webster Groves	State MO	Zip Code 63119-3530
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President HRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	269.00
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 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tanya Snodgrass
Full Name (Last, First, Middle Initial)

Mailing Address 28307 Woodsons Lake Dr.

City Spring State TX Zip Code 77386

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Bus Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1983484924616

Amount of Each Receipt this Period
 150.00

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

B. Bennett S Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 31 Overlook Road

City Stoughton State MA Zip Code 02072

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

Name of Employer Kindred Healthcare, Inc. Occupation VP Finance-East Reg-NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : PR1983485024616

Amount of Each Receipt this Period
 60.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	34345.50

**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

Full Name (Last, First, Middle Initial)

A. Wilson For Senate

Mailing Address P.O. Box 10248

City Albuquerque State NM Zip Code 87184

Purpose of Disbursement
Contribution

011

Candidate Name

Heather A. Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 45615662

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alliance for Quality Nursing Home Care, Inc. (AQNHC PAC)

Mailing Address 1350 Connecticut Avenue, NW
Suite 900

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

Alliance for Quality Nursing Home Care, Inc. (AQNHC PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 45615670

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Brett S. Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 45615671

Amount of Each Disbursement this Period

1000.00

Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Todd Young, Inc.

Mailing Address PO Box 1053

City State Zip Code
Bloomington IN 47402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Todd Young

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 45621451

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tommy Thompson for Senate, Inc.

Mailing Address PO Box 2539

City State Zip Code
Madison WI 53701

Purpose of Disbursement
Contribution

Candidate Name

Mr. Tommy G. Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : 45632578

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

Candidate Name

National Republican Congressional Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 45757631

Amount of Each Disbursement this Period

12500.00

Contribution

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

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

16000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 320 1st Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

The Freedom Project

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 45757632

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ohio Republican Party State Central & Executive Committee

Mailing Address 211 South Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

011

Candidate Name

Ohio Republican Party State Central & Executive Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 45757634

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 46020279

Amount of Each Disbursement this Period

3500.00

Contribution

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

13500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 46020283

Amount of Each Disbursement this Period

7500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Berkley For Senate

Mailing Address 7437 S Eastern Avenue
Suite 427

City Las Vegas State NV Zip Code 89123

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 46020287

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Manchin Heinrich Victory Fund

Mailing Address 709A 8th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : 46020447

Amount of Each Disbursement this Period

10000.00

Contribution

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

21000.00

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

59000.00