

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. 12FE4M5 Kindred Healthcare, Inc. PAC

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

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

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) through Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on 11/06/2012 (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on

5. Covering Period 10/01/2012 through 10/17/2012

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 10/25/2012

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"/>	<input type="text" value="79336.23"/>	<input type="text" value="79336.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="112782.67"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5397.00"/>	<input type="text" value="170497.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="118179.67"/>	<input type="text" value="249833.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35000.00"/>	<input type="text" value="166653.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83179.67"/>	<input type="text" value="83179.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Kindred Healthcare, Inc. PAC**

Report Covering the Period: From:  /  /  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).....	4477.50	120945.80
(ii) Unitemized .....	919.50	44551.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5397.00	165497.00
(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) .....	5397.00	165497.00
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))..... ▶	5397.00	170497.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5397.00	170497.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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	153.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	153.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	156500.00
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 .....	4000.00	10000.00
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)) ..	35000.00	166653.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	166653.56

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	5397.00	165497.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5397.00	165497.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	153.56
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	153.56

**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. 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 ▼ 800.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094115425663**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. 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 Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094183725663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Edward L Kuntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8807 Stable Crest Boulevard  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094183925663**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. David R Windhorst**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Spring Farms Road

City State Zip Code  
Floyds Knobs IN 47119

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR1094185025663**

Amount of Each Receipt this Period  
**40.00**

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

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

Mailing Address 4826 N Winthrop Ave #3S

City State Zip Code  
Chicago IL 60640

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

Name of Employer Occupation  
Kindred Healthcare Inc. Health Info Tech Strateg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR1094185125663**

Amount of Each Receipt this Period  
**20.00**

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

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

Mailing Address 10602 Taylor Farm Ct

City State Zip Code  
Prospect KY 40059

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP IS Plan & Field Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**10 / 17 / 2012**

**Transaction ID : PR1094185625663**

Amount of Each Receipt this Period  
**45.00**

P/R Deduction (\$45.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

**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 8 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Catherine A Gooch**

Mailing Address 14516 Clear Meadow Court

City Louisville	State KY	Zip Code 40245
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Systems Dev
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1094185925663**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											20.00

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

Full Name (Last, First, Middle Initial)  
**B. Patrick J Gillenwater**

Mailing Address 402 Erin Drive

City Jeffersonville	State IN	Zip Code 47130
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Administration
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1094186425663**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	5	0
											17.50

P/R Deduction (\$17.50 Bi-Weekly)

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

Mailing Address 2805 Chestnut Ridge Place

City Louisville	State KY	Zip Code 40245
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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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1094187925663**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											45.00

P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>82.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ **1450.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094188025663**

Amount of Each Receipt this Period **100.00**

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

**B. 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 Devlp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094188225663**

Amount of Each Receipt this Period **20.00**

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

**C. 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 Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094188425663**

Amount of Each Receipt this Period **20.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. 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 **500.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094189125663**  
Amount of Each Receipt this Period **25.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. Michael Metzger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 129 Foley Rd  
City West Point State VA Zip Code 23181  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Financial Off III  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094189325663**  
Amount of Each Receipt this Period **15.00**  
P/R Deduction (\$15.00 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 **400.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094190025663**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Larry Foster</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1134 W. Granville Avenue Unit 815		<b>Transaction ID : PR1094190325663</b>
City Chicago State IL Zip Code 60660	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jack Shapiro</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 22591 Covington Drive		<b>Transaction ID : PR1094190425663</b>
City Deer Park State IL Zip Code 60010	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer Kindred Healthcare Inc. Occupation DVP HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Theodore Welding</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 2448 Middle River Dr.		<b>Transaction ID : PR1094191325663</b>
City Ft. Lauderdale State FL Zip Code 33305	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Kindred Healthcare Inc. Occupation Executive Director I	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Sean R Muldoon</b>		Date of Receipt 10 / 17 / 2012
Mailing Address 239 Fairfax Avenue		<b>Transaction ID : PR109419225663</b>
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Kindred Healthcare Inc.	Occupation SVP & Chief Med Off HD	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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Deborah R Doddridge</b>		Date of Receipt 10 / 17 / 2012
Mailing Address 312 Hill Street NW		<b>Transaction ID : PR1094193025663</b>
City Depauw	State IN	Zip Code 47115
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Procure Sys & Cap	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Joel W Day</b>		Date of Receipt 10 / 17 / 2012
Mailing Address 2017 Spring Farms Drive		<b>Transaction ID : PR1094193125663</b>
City Floyds Knobs	State IN	Zip Code 47119
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP & Controller HD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

**A. 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 Corp Communications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094193325663**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B. Michael C Lozier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7028 Westridge Forest Court  
City Lanesville State IN Zip Code 47136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Purch Contract Adm  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094193725663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Charles Michael Grannan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7109 Cannonade Court  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094193925663**  
Amount of Each Receipt this Period 35.00  
P/R Deduction (\$35.00 Bi-Weekly)

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

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

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

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

**A. Dennis J Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1791 Connor Station Road  
City Simpsonville State KY Zip Code 40067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094194125663**  
Amount of Each Receipt this Period 35.00  
P/R Deduction (\$35.00 Bi-Weekly)

**B. Mary Suzanne Riedman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4308 Hampton Creek Drive  
City Louisville State KY Zip Code 40241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094194225663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 Reimbursement  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094194825663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

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

Mailing Address 4304 Hill Top 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 ▼ **800.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094195125663**

Amount of Each Receipt this Period **40.00**

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

**B. Anne S Woods**  
Full Name (Last, First, Middle Initial)

Mailing Address 7420 Falls Ridge Ct.

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094195425663**

Amount of Each Receipt this Period **39.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. Stephanie J Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address 2169 Balmer-Fenwick Road

City Floyds Knobs State IN Zip Code 47119

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094195725663**

Amount of Each Receipt this Period **15.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **94.00**

**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 SVP & Corp Controller  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094195925663**  
Amount of Each Receipt this Period 96.00  
P/R Deduction (\$96.00 Bi-Weekly)

**B. Rose M Michels**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6503 Chenoweth Run Road  
City Louisville State KY Zip Code 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094196025663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. 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 ▼ 1200.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094196325663**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 171.00  
**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Arthur L Rothgerber</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1094196425663</b>
Mailing Address 8325 Regency Woods Way		Amount of Each Receipt this Period 23.00
City Louisville	State KY	Zip Code 40220
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation SVP Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$23.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Linda M O'Bryan</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1094196725663</b>
Mailing Address 1614 Sylvan Way		Amount of Each Receipt this Period 20.00
City Louisville	State KY	Zip Code 40205
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation VP Patient Care & Qual HD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Douglas Curnutte</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR1094197225663</b>
Mailing Address 1014 Springside Way		Amount of Each Receipt this Period 15.00
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation VP Fac & Real Estate Dev
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. 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 ▼ **520.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094197325663**

Amount of Each Receipt this Period **26.00**

P/R Deduction (\$26.00 Bi-Weekly)

**B. 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 ▼ **3846.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094198025663**

Amount of Each Receipt this Period **192.30**

P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ **700.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094200425663**

Amount of Each Receipt this Period **35.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **253.30**

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

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

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

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

**A. Traci Shelton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2913 3rd. Street # 201

City Santa Monica State CA Zip Code 90405

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : PR1094200625663**

Amount of Each Receipt this Period  
 100.00

P/R Deduction (\$100.00 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 ▼ **4190.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : PR1094200725663**

Amount of Each Receipt this Period  
 135.00

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 ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : PR1094202125663**

Amount of Each Receipt this Period  
 20.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **255.00**

**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 20 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Julie Feasel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6211 Iroquois Ct.  
City Odessa State FL Zip Code 33556  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Market CEO II HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094203025663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Charles D Doten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7644 Harbour Blvd.  
City Miramar State FL Zip Code 33023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094203625663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Kevin Varley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5534 Clarene Dr.  
City Bethel Park State PA Zip Code 15102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation District CFO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094203825663**  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<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) <b>A. James Malady</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 954 Lindfield Dr.		<b>Transaction ID : PR1094204125663</b>
City South Park	State PA	Zip Code 15129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Operations	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy L Simpson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 140 Pioneer Trail		<b>Transaction ID : PR1094204325663</b>
City Green Cove Springs	State FL	Zip Code 32043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation DVP 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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Sharon A Barnard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1937 S.R. 16 West		<b>Transaction ID : PR1094204825663</b>
City Green Cove Springs	State FL	Zip Code 32043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Sr Dir Clin Ops HD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. E. Jane Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43171 Buttermere Terrace  
City Ashburn State VA Zip Code 20147  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Business Implement HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094205125663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Sally I Hoffmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11518 Captiva Kay Drive  
City Riverview State FL Zip Code 33569  
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 ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094205725663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Donna Kelsey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2075 E. Tivoli Hills Drive  
City Draper State UT Zip Code 84020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation EVP West Region NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094210125663**  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 56  
 (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. 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 Executive Dir II  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1094211025663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Christina Schramm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 166 Columbia Ave  
 City Chillicothe State OH Zip Code 45601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1094211925663**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Tom Cunningham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8293 Ironside Ct  
 City West Chester State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lebanon Country Manor Occupation Executive Dir II  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1094212125663**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Donna M Nackers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1760 Waters Ferry Drive  
 City Lawrenceville State GA Zip Code 30043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operational Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094212525663**  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Celeste M Bentley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2613 Harris Avenue  
 City Key West State FL Zip Code 33040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094213325663**  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. 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 ▼ 1000.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094213625663**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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 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 ▼ **400.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094214125663**

Amount of Each Receipt this Period

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

**B. James Holcomb**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 30Th Avenue N.E.

City Great Falls State MT Zip Code 59404

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094215125663**

Amount of Each Receipt this Period

P/R Deduction (\$10.00 Weekly)

**C. Susan A Kesterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2334 Heritage Dr

City Corona State CA Zip Code 92882

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094216225663**

Amount of Each Receipt this Period

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

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

**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 26 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1094216925663**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
---	---	---	---	---	---	---	---

**20.00**

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

**B. Sylvia Burton**  
Full Name (Last, First, Middle Initial)

Mailing Address 433 S. Plantation

City Cookeville	State TN	Zip Code 38506
--------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III
---	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1094217625663**

Amount of Each Receipt this Period  

1	5	0	0
---	---	---	---

**15.00**

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

**C. Anna Ruth Birdwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 5450 Grundy Quarles Hwy

City Bloomington Spring	State TN	Zip Code 38545
----------------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Dir Nursing III
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

**Transaction ID : PR1094221325663**

Amount of Each Receipt this Period  

1	0	0
---	---	---

**10.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Gloria J Miller**

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 ▼ **400.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094222125663**

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)  
**B. Ronald D Long**

Mailing Address 148 Cheyenne Road

City Shelbyville State KY Zip Code 40065

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Contract Admin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094224525663**

Amount of Each Receipt this Period

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

Full Name (Last, First, Middle Initial)  
**C. Stephen F. Stoess**

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 ▼ **468.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094224625663**

Amount of Each Receipt this Period

P/R Deduction (\$23.40 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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) <b>A. James E. Bell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 14213 Aiken Road		<b>Transaction ID : PR1094225025663</b>
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Reimb HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Catharine C Young</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 6303 Deep Creek Drive		<b>Transaction ID : PR1094228025663</b>
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Kindred Healthcare Inc.	Occupation VP & Employment Counsel	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mary W Miller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 3201 Vista Verde Lane SW		<b>Transaction ID : PR1094228425663</b>
City Tumwater	State WA	Zip Code 98512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Kindred Healthcare Inc.	Occupation Clinical Impl Cnslt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Sharon Theresa McGuyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22441 15Th Ave. So.  
 City Des Moines State WA Zip Code 98198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094229025663**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Weekly)

**B. 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 Production Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094229125663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 SVP Medical Affairs NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094229825663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

**A. 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 ▼ 600.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094229925663**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. 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 ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094230025663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Pete Kalme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3502 Hedgewick 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 Ops Central Reg HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094232025663**  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

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

Mailing Address P. O. Box 921

City York Harbor State ME Zip Code 03911

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

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clinical Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094232125663**

Amount of Each Receipt this Period **15.00**

P/R Deduction (\$15.00 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 ▼ **800.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094233525663**

Amount of Each Receipt this Period **40.00**

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 ▼ **440.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1094234425663**

Amount of Each Receipt this Period **22.00**

P/R Deduction (\$22.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **77.00**

**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 32 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Janet Biedron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1736 Dunkeld Lane  
City Folsom State CA Zip Code 95630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off II  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094234625663**  
Amount of Each Receipt this Period **10.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**B. 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 **600.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094235225663**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$30.00 Bi-Weekly)

**C. 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 **400.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094235425663**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 OF 56 (check only one)
<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"/>	<input type="checkbox"/> 17

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

**A. Douglas Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3272 E. Germana Circle  
City Sandy State UT Zip Code 84093  
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 ▼ 760.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094237325663**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B. 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 ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094241225663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 Executive Off II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1094241925663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

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

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

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

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

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

Mailing Address 702 Helmsdale Place N.

City State Zip Code  
Brentwood TN 37027

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : PR1094243525663**

Amount of Each Receipt this Period  
20.00

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

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

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP Pub Pol & Govt Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : PR1094246625663**

Amount of Each Receipt this Period  
100.00

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

**C. Steven Tanner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Mt Vernon Dr

City State Zip Code  
Greenwood IN 46142

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

Name of Employer Occupation  
Kindred Healthcare Inc. Market Executive Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : PR1094246825663**

Amount of Each Receipt this Period  
20.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Thomas Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2949 Glascock Street  
City Oakland State CA Zip Code 94601  
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 **1300.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094247225663**  
Amount of Each Receipt this Period **65.00**  
P/R Deduction (\$65.00 Bi-Weekly)

**B. 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 **630.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094247825663**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$30.00 Weekly)

**C. 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 **3846.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1094250925663**  
Amount of Each Receipt this Period **192.30**  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **287.30**  
**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 **420.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1135252625663**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$20.00 Weekly)

**B. 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 **360.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1135286925663**  
Amount of Each Receipt this Period **18.00**  
P/R Deduction (\$18.00 Bi-Weekly)

**C. Gregory T Hayden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7207 Trail Ridge Court  
City Louisville State KY Zip Code 40241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1150400125663**  
Amount of Each Receipt this Period **15.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **53.00**  
**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 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rachael L Parker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 <b>Transaction ID : PR1150411125663</b>
Mailing Address 70 Birch Ridge Rd		Amount of Each Receipt this Period 410.00
City Westford	State VT	Zip Code 05494
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>B. Pamela M Bresee</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 <b>Transaction ID : PR1227852425663</b>
Mailing Address 4155 SW 192nd Avenue		Amount of Each Receipt this Period 15.00
City Aloha	State OR	Zip Code 97007
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Beth Cullum</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 <b>Transaction ID : PR1267997025663</b>
Mailing Address 22 Frederick St.		Amount of Each Receipt this Period 10.00
City Newton	State MA	Zip Code 02460
FEC ID number of contributing federal political committee. C		P/R Deduction (\$5.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Executive Off II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. 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 ▼ 1000.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1267998125663**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Catherine Nurmela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 W. Elmdale  
 City Chicago State IL Zip Code 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1267998425663**  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Diane L. Otteman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 East Cedar Apt. #21A  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1300206425663**  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1333437025663**  
 Amount of Each Receipt this Period 16.00  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. Mark D. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Springcrest Drive  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1336786725663**  
 Amount of Each Receipt this Period 15.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Julieta C Morton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5105 Deerchase Tr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Program Director II PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1355829325663**  
 Amount of Each Receipt this Period 10.00  
 P/R Deduction (\$10.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. James C Hansen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1944 South 275 East  
City Clearfield State UT Zip Code 84015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operational Reimb  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1394177125663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Mary D Van De Kamp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 251 Arbor Lane  
City Green Bay State WI Zip Code 54301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP Clinical Ops RHB  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1408953125663**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Pamela A. Adams**  
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 Systems Dev  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1408953225663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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

**A. 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 SVP Finance RHB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1524244425663**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. 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 & CCO SW Reg HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1618127525663**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. 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 ▼ 400.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1622380125663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

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

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

**A. Susan D. Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 893 Sunray Court  
City Shepherdsville State KY Zip Code 40165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Bus Devlp  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1622380225663**  
Amount of Each Receipt this Period **15.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Michelle Mullen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11516 Yorktown Blvd.  
City Sellersburg State IN Zip Code 47172  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1774751225663**  
Amount of Each Receipt this Period **15.00**  
P/R Deduction (\$15.00 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 **400.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1774751725663**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **50.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ **440.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1784229525663**

Amount of Each Receipt this Period **22.00**

P/R Deduction (\$22.00 Bi-Weekly)

**B. Timmy L. Hesson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Pikes Peak Boulevard

City Louisville State KY Zip Code 40214

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Wintel & Storage Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1784230725663**

Amount of Each Receipt this Period **15.00**

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

**C. Lawrence J. Toye**  
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 ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1784230825663**

Amount of Each Receipt this Period **20.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 420.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1784231525663**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Robert Gundersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Barnside Lane  
City Sandwich State MA Zip Code 02563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Market CEO III HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1829395725663**  
Amount of Each Receipt this Period 10.00  
P/R Deduction (\$5.00 Weekly)

**C. 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 ▼ 1000.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1835833725663**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
	<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**

**A. Laura Hoffpaur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1805 Pintail Pkwy  
 City Eulesless State TX Zip Code 76039  
 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 **300.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1887633325663**  
 Amount of Each Receipt this Period **15.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Selma Etienne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Chester Ave  
 City Brockton State MA Zip Code 02301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Certified Nursing Asst I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **205.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1930770025663**  
 Amount of Each Receipt this Period **10.00**  
 P/R Deduction (\$5.00 Weekly)

**C. 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 SVP & Chief Counsel NCD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 17 / 2012**  
**Transaction ID : PR1950875225663**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. 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 ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1961243225663**

Amount of Each Receipt this Period **20.00**

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

**B. Jeffrey M Jasnoff**  
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 SVP Human Resources HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1961243325663**

Amount of Each Receipt this Period **50.00**

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

**C. 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 ▼ **780.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1961243425663**

Amount of Each Receipt this Period **50.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

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

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

**A. Kenneth T Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4103 Old Farm Drive  
 City State Zip Code  
 Crestwood KY 40014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Fin & Controller RHB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1961243625663**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Camilla Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Thoreau Way #712  
 City State Zip Code  
 Lawrence MA 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1963724625663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. James T Flowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 Gilman Avenue  
 City State Zip Code  
 Louisville KY 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Corp Dev & Fin Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2012  
**Transaction ID : PR1975144125663**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Linda R Kurland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6109 Forest Lane  
 City Fort Worth State TX Zip Code 76121  
 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 ▼ 2700.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1983484225663**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$100.00 Weekly)

**B. 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 RHB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1983484325663**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Weekly)

**C. James M Douthitt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 580.00

Date of Receipt 10 / 17 / 2012  
**Transaction ID : PR1983484425663**  
 Amount of Each Receipt this Period 20.00  
 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 49 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Patricia M Henry</b>		Date of Receipt 10 / 17 / 2012
Mailing Address 2555 N Pearl St #502		<b>Transaction ID : PR1983484525663</b>
City Dallas	State TX	Zip Code 75201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 95.00
Name of Employer Kindred Healthcare Inc.	Occupation President PRS	P/R Deduction (\$95.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2755.00	

Full Name (Last, First, Middle Initial) <b>B. Sherrie Sharp</b>		Date of Receipt 10 / 17 / 2012
Mailing Address 11 Talais Drive		<b>Transaction ID : PR1983484625663</b>
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President SRS	P/R Deduction (\$40.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Jovena Stucker</b>		Date of Receipt 10 / 17 / 2012
Mailing Address 5851 Midnight Moon Dr		<b>Transaction ID : PR1983484725663</b>
City Frisco	State TX	Zip Code 75034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 27.00
Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President SRS	P/R Deduction (\$27.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1202.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 529 Oaks Court

City Webster Grove State MO Zip Code 63119

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 ▼ **1215.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1983484825663**

Amount of Each Receipt this Period **45.00**

P/R Deduction (\$45.00 Bi-Weekly)

**B. 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 Business Devlp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1983484925663**

Amount of Each Receipt this Period **50.00**

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

**C. 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 ▼ **400.00**

Date of Receipt **10 / 17 / 2012**

**Transaction ID : PR1983485025663**

Amount of Each Receipt this Period **20.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **115.00**

**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 51 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. James E Eveslage</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2004957325663</b>
Mailing Address 9216 Springbrooke Circle		Amount of Each Receipt this Period 280.00
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation DVP Finance HCH
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$28.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Mary Patricia Welc</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2007353525663</b>
Mailing Address 38051 North El Indio Cir		Amount of Each Receipt this Period 60.00
City Cave Creek	State AZ	Zip Code 85331
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation SVP Operations HRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$60.00 Weekly)

Full Name (Last, First, Middle Initial) <b>C. Richard Edward Lacourse</b>		Date of Receipt 10 / 17 / 2012 <b>Transaction ID : PR2007353625663</b>
Mailing Address 35 Winding Ln		Amount of Each Receipt this Period 80.00
City Basking Ridge	State NJ	Zip Code 07920
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation RVP VTA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	P/R Deduction (\$80.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4477.50

**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. Friends of John Delaney**

Mailing Address PO Box 60320

City Potomac State MD Zip Code 20854

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. John K. Delaney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

**Transaction ID : 48030644**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Hoosiers For Richard Mourdock, Inc.**

Mailing Address PO Box 1583

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Richard Mourdock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

**Transaction ID : 48030645**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Glacier PAC**

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement  
Contribution

011

Candidate Name

**Glacier PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2012			

**Transaction ID : 48030646**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Democratic Senatorial Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

**Transaction ID : 48059509**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee To Elect Charlie Summers**

Mailing Address PO Box 511

City Scarborough State ME Zip Code 04070

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Charles Summers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

**Transaction ID : 48059510**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Scott Brown For U.S. Senate Committee, Inc.**

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Scott P. Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

**Transaction ID : 48059511**

Amount of Each Disbursement this Period

2500.00

Contribution

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

10000.00

**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. Benishek For Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Dan Benishek**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

**Transaction ID : 48059512**

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

**Transaction ID : 48059517**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Jon Runyan For Congress, Inc.**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jon Runyan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2012

**Transaction ID : 48059519**

Amount of Each Disbursement this Period

2500.00

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 Dave Joyce**

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. David Joyce**

Office Sought:  House  
 Senate  
 President  
State: OH District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2012

**Transaction ID : 48059520**

Amount of Each Disbursement this Period  
2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00  
31000.00

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

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

Full Name (Last, First, Middle Initial) <b>A. Pat McCrory Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2012
Mailing Address 1235E East Blvd. #179		<b>Transaction ID : 48094657</b>
City Charlotte	State NC	
Purpose of Disbursement Pat McCrory, GOVERNOR NC	Zip Code 28203-5707	Amount of Each Disbursement this Period 4000.00
Candidate Name <b>Pat McCrory</b>	Category/ Type 011	Pat McCrory, GOVERNOR NC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4000.00