

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  08 / 01 / 2012 through  08 / 31 / 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  09 / 20 / 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)

Page 2

Write or Type Committee Name

**Kindred Healthcare, Inc. PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		79336.23
(b) Cash on Hand at Beginning of Reporting Period.....	110013.67	
(c) Total Receipts (from Line 19) .....	15966.00	147797.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	125979.67	227133.23
7. Total Disbursements (from Line 31).....	13500.00	114653.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112479.67	112479.67
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	13579.00	101273.30
(ii) Unitemized .....	2387.00	41523.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15966.00	142797.00
(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) .....	15966.00	142797.00
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))..... ▶	15966.00	147797.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15966.00	147797.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	12500.00	108500.00
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 .....	1000.00	6000.00
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)) ..	13500.00	114653.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	114653.56

**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) .....	15966.00	142797.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15966.00	142797.00
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 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. John H Short**  
Full Name (Last, First, Middle Initial)

Mailing Address 4377 McPherson

City St. Louis State MO Zip Code 63108

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

Name of Employer RehadCare Group Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 03 / 2012

**Transaction ID : 46716512**

Amount of Each Receipt this Period 5000.00

**B. Roderick J Cowgill**  
Full Name (Last, First, Middle Initial)

Mailing Address 9103 Lantern Lite Pkwy

City Louisville State KY Zip Code 40220

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

Name of Employer Kindred Healthcare, Inc. Occupation VP Facilities Mgmt HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2012

**Transaction ID : PR1094115425073**

Amount of Each Receipt this Period 80.00

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

**C. Teresa S Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7115 Coachwood Drive

City Georgetown State IN Zip Code 47122

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2012

**Transaction ID : PR1094183725073**

Amount of Each Receipt this Period 40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<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. 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 **1700.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094183925073**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. David R Windhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spring Farms Road  
 City Floyds Knobs State IN Zip Code 47119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Financial Systems Dev  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **680.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094185025073**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Lawrence I Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4826 N Winthrop Ave #3S  
 City Chicago State IL Zip Code 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Health Info Tech Strateg  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094185125073**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>320.00</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 8 OF 50
	<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. Katheryn J Markham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10602 Taylor Farm Ct  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Plan & Field Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094185625073**  
 Amount of Each Receipt this Period **90.00**  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. Catherine A Gooch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14516 Clear Meadow Court  
 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 Fin Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094185925073**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Patrick J Gillenwater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 Erin Drive  
 City Jeffersonville State IN Zip Code 47130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir IS Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **297.50**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094186425073**  
 Amount of Each Receipt this Period **35.00**  
 P/R Deduction (\$17.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</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 9 OF 50
<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. Charles Wardrip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2805 Chestnut Ridge Place  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094187925073**  
 Amount of Each Receipt this Period **90.00**  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. Stephen M Dobler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 Holly Springs Drive  
 City Louisville State KY Zip Code 40242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094188025073**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Terry Carrico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Wolf Lair Court  
 City New Albany State IN Zip Code 47150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Devlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094188225073**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>330.00</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 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven J Paynter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3105 Crestmoor Court  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Tech Architect  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094188425073**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Martin Ardron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 La Sierra Dr.  
City Phillips Ranch State CA Zip Code 91766  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Region Vice President HRS  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **425.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094189125073**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. 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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094189325073**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 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 11 OF 50
<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. 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 ▼ **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094190025073**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Larry Foster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1134 W. Granville Avenue Unit 815  
City Chicago State IL Zip Code 60660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off III  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094190325073**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. Jack Shapiro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22591 Covington Drive  
City Deer Park State IL Zip Code 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation DVP HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094190425073**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **190.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<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. Theodore Welding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2448 Middle River Dr.  
City Ft. Lauderdale State FL Zip Code 33305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Director I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094191325073**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B. Sean R Muldoon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 239 Fairfax Avenue  
City Louisville State KY Zip Code 40207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP & Chief Med Off HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094192225073**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. Deborah R Doddridge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 312 Hill Street NW  
City Depauw State IN Zip Code 47115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Procure Sys & Cap  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094193025073**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 280.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Joel W Day</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 2017 Spring Farms Drive		<b>Transaction ID : PR1094193125073</b>
City Floyds Knobs	State IN	Zip Code 47119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
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 ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Moss</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 161 Westwind Road		<b>Transaction ID : PR1094193325073</b>
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Corp Communications	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C. Michael C Lozier</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 7028 Westridge Forest Court		<b>Transaction ID : PR1094193725073</b>
City Lanesville	State IN	Zip Code 47136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Purch Contract Adm	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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<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 14 OF 50
	<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. 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 ▼ 595.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094193925073**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. 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 ▼ 595.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094194125073**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094194225073**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<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 15 OF 50
	<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 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 ▼ **340.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR1094194825073**

Amount of Each Receipt this Period **40.00**

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

**B. 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 ▼ **680.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR1094195125073**

Amount of Each Receipt this Period **80.00**

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

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

Mailing Address 7420 Falls Ridge Ct.

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR1094195425073**

Amount of Each Receipt this Period **78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **198.00**

**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 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Stephanie J Warren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2169 Balmer-Fenwick Road  
 City State Zip Code  
 Floyds Knobs IN 47119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 08 / 31 / 2012  
**Transaction ID : PR1094195725073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. John Luchese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14401 Broad Oak Place  
 City State Zip Code  
 Louisville KY 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 ▼ 1632.00

Date of Receipt  
 08 / 31 / 2012  
**Transaction ID : PR1094195925073**  
 Amount of Each Receipt this Period 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**C. Rose M Michels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6503 Chenoweth Run Road  
 City State Zip Code  
 Louisville KY 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 ▼ 255.00

Date of Receipt  
 08 / 31 / 2012  
**Transaction ID : PR1094196025073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<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 17 OF 50
	<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. Joseph Landenwich**  
Full Name (Last, First, Middle Initial)

Mailing Address 1822 Casselberry Road

City	State	Zip Code
Louisville	KY	40205

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094196325073**

Amount of Each Receipt this Period  
120.00

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

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

Mailing Address 8325 Regency Woods Way

City	State	Zip Code
Louisville	KY	40220

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

Name of Employer	Occupation
Kindred Healthcare Inc.	SVP Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
391.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094196425073**

Amount of Each Receipt this Period  
46.00

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

**C. Linda M O'Bryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1614 Sylvan Way

City	State	Zip Code
Louisville	KY	40205

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

Name of Employer	Occupation
Kindred Healthcare Inc.	VP Patient Care & Qual HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094196725073**

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	206.00
<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 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Douglas Curnutte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 Springside Way  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094197225073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Brian L Caudill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1647 Beechwood Avenue  
 City Louisville State KY Zip Code 40204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094197325073**  
 Amount of Each Receipt this Period 52.00  
 P/R Deduction (\$26.00 Bi-Weekly)

**C. William M Altman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9103 Lexington Lane  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation EVPStrategyPolicy&IntCare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094198025073**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 466.60  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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. Bobby V Bas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2084 Wind River Road

City El Cajon	State CA	Zip Code 92019
------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Radiology Technologist
---	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094198325073**

Amount of Each Receipt this Period  

15.00
-------

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

**B. 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 ▼ **595.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094200425073**

Amount of Each Receipt this Period  

70.00
-------

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

**C. 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 ▼ **3785.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094200725073**

Amount of Each Receipt this Period  

270.00
--------

P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>355.00</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 20 OF 50
<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. 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 ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094202125073**

Amount of Each Receipt this Period  

40.00
-------

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

**B. Julie Feasel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6211 Iroquios 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 ▼ **255.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094203025073**

Amount of Each Receipt this Period  

30.00
-------

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

**C. 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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR1094203625073**

Amount of Each Receipt this Period  

60.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 21 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Timothy L Simpson</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 140 Pioneer Trail		<b>Transaction ID : PR1094204325073</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 60.00	
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 ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. E. Jane Jackson</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 43171 Buttermere Terrace		<b>Transaction ID : PR1094205125073</b>
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dir Business Implement 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 ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. Sally I Hoffmann</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 11518 Captiva Kay Drive		<b>Transaction ID : PR1094205725073</b>
City Riverview	State FL	Zip Code 33569
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO 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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 22 OF 50
<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. Donna Kelsey</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 2075 E. Tivoli Hills Drive		<b>Transaction ID : PR1094210125073</b>
City Draper	State UT	Zip Code 84020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kindred Healthcare Inc.	Occupation EVP West Region NCD	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Anita Tillery</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 3512 Raytee Drive		<b>Transaction ID : PR1094211025073</b>
City Chesapeake	State VA	Zip Code 23323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc.	Occupation Market Executive Dir	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Donna M Nackers</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2012
Mailing Address 1760 Waters Ferry Drive		<b>Transaction ID : PR1094212525073</b>
City Lawrenceville	State GA	Zip Code 30043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Mgr Operational Reimb	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 ▼ 255.00	

<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 23 OF 50
	<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. 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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094213325073**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Lane M Bowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10966 Secret View Drive  
 City Sandy State UT Zip Code 84092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-NCD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **850.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094213625073**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Michael W Beal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Glenwood Road  
 City Windham State NH Zip Code 03087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation EVP East Region NCD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094214125073**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
<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. 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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094216225073**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094216925073**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 **270.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094217625073**  
 Amount of Each Receipt this Period **45.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>115.00</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 25 OF 50
	<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. Gloria J Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Saint Marys Road

City Hillsborough State NC Zip Code 27278

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

Name of Employer Kindred Healthcare Inc. Occupation DVP NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR1094222125073**

Amount of Each Receipt this Period  
**40.00**

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

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

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 ▼ **255.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR1094224525073**

Amount of Each Receipt this Period  
**30.00**

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

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

Mailing Address 514 Locust Creek Blvd.

City Louisville State KY Zip Code 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **397.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR1094224625073**

Amount of Each Receipt this Period  
**46.80**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>116.80</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 26 OF 50
	<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. James E. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 14213 Aiken Road

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 Div Reimb HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094225025073**

Amount of Each Receipt this Period 30.00

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

**B. Catharine C Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 6303 Deep Creek Drive

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP & Employment Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094228025073**

Amount of Each Receipt this Period 30.00

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

**C. Mary W Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Vista Verde Lane SW

City Tumwater State WA Zip Code 98512

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

Name of Employer Kindred Healthcare Inc. Occupation Clinical Impl Cnslt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094228425073**

Amount of Each Receipt this Period 30.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094229125073**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Keith Krein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3227 North 88th Street  
 City Mesa State AZ Zip Code 85207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Medical Affairs-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094229825073**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Patricia M McGillan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 510 Altagate Rd  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094229925073**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 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 28 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barbara L Baylis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7212 Deer Ridge Road  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-NCD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094230025073**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Pete Kalmey**  
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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094232025073**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**C. 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 Clin Ops  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1094232125073**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094233525073**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Jeffrey F Lockett**  
 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 ▼ 374.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094234425073**  
 Amount of Each Receipt this Period 44.00  
 P/R Deduction (\$22.00 Bi-Weekly)

**C. 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 ▼ 510.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094235225073**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.00
<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 30 OF 50
	<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. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094235425073**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Douglas Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9891 Heytesbery  
City Sandy State UT Zip Code 84092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West RegNCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094237325073**  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094241225073**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<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. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094241925073**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Philip L. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 Helmsdale Place N.  
 City Brentwood State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Financial Off I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094243525073**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Raymond J Sierpina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Westwind Road  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Pub Pol & Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094246625073**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Steven Tanner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1059 Mt Vernon Dr  
City Greenwood State IN Zip Code 46142  
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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094246825073**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. 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 ▼ 1105.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094247225073**  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$65.00 Bi-Weekly)

**C. 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 ▼ 540.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094247825073**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<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. 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 ▼ 3269.10

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1094250925073**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 360.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1135252625073**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Weekly)

**C. 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 ▼ 306.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1135286925073**  
Amount of Each Receipt this Period 36.00  
P/R Deduction (\$18.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 460.60  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1150400125073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Rachael L Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Birch Ridge Rd  
 City Westford State VT Zip Code 05494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1150411125073**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$10.00 Weekly)

**C. Pamela M Bresee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4155 SW 192nd Avenue  
 City Aloha State OR Zip Code 97007  
 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 ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1227852425073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 50
	<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. 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 ▼ **850.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1267998125073**  
 Amount of Each Receipt this Period **100.00**  
 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 ▼ **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1267998425073**  
 Amount of Each Receipt this Period **30.00**  
 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 ▼ **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1300206425073**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>160.00</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 36 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rita D Simmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Franck Avenue  
 City Louisville State KY Zip Code 40206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1333437025073**  
 Amount of Each Receipt this Period 32.00  
 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 ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1336786725073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1394177125073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.00
<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 37 OF 50
<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. 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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1408953125073**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1408953225073**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Katherine W Gilchrist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1668 Victory Court  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVP Finance RHB  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **930.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1524244425073**  
 Amount of Each Receipt this Period **120.00**  
 P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>190.00</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 38 OF 50
<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. 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 **1700.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1618127525073**  
Amount of Each Receipt this Period **200.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**B. Darrin Hull**  
Full Name (Last, First, Middle Initial)  
Mailing Address 277 Bark River Court  
City Delafield State WI Zip Code 53018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1622380125073**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. Susan D. Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3402 Acacia Avenue  
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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1622380225073**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>270.00</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 39 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Michelle Mullen**

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 ▼ **255.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR1774751225073**

Amount of Each Receipt this Period **30.00**

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

Full Name (Last, First, Middle Initial)  
**B. David M Mikula**

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 ▼ **340.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR1774751725073**

Amount of Each Receipt this Period **40.00**

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

Full Name (Last, First, Middle Initial)  
**C. Philip B Ragsdell**

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 ▼ **374.00**

Date of Receipt **08 / 31 / 2012**

**Transaction ID : PR1784229525073**

Amount of Each Receipt this Period **44.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 255.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1784230725073**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Lawrence J. Toy**  
 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 ▼ 340.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1784230825073**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Carol Falo**  
 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 ▼ 360.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : PR1784231525073**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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 41 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barry Somervell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7307 Grand Isle Way  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **850.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1835833725073**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**B. Laura Hoffpaur**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1805 Pintail Pkwy  
City Euless 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 **255.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1887633325073**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-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 **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1950875225073**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 50
	<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. 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 ▼ **340.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1961243225073**  
 Amount of Each Receipt this Period **40.00**  
 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 ▼ **850.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1961243325073**  
 Amount of Each Receipt this Period **100.00**  
 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 ▼ **630.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : PR1961243425073**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<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. 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 ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : PR1961243625073**  
 Amount of Each Receipt this Period 80.00  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : PR1963724625073**  
 Amount of Each Receipt this Period 40.00  
 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : PR1975144125073**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<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 44 OF 50
	(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"/> 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. Linda R Kurland</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 6109 Forest Lane		<b>Transaction ID : PR1983484225073</b>
City Fort Worth	State TX	Zip Code 76121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President HRS	P/R Deduction (\$100.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J Dixon</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 2694 Whitetail Ln		<b>Transaction ID : PR1983484325073</b>
City O'Fallon	State MO	Zip Code 63368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare, Inc.	Occupation DVP Sales RHB	P/R Deduction (\$20.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>C. James M Douthitt</b>		Date of Receipt 08 / 31 / 2012
Mailing Address 160 N Sappington Rd		<b>Transaction ID : PR1983484425073</b>
City St Louis	State MO	Zip Code 63122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare, Inc.	Occupation SVP Operations SRS	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 ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<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 45 OF 50
<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. Patricia M Henry**

Mailing Address 2555 N Pearl St  
#502

City Dallas State TX Zip Code 75201

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

Name of Employer Kindred Healthcare Inc. Occupation President PRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2470.00

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : PR1983484525073**

Amount of Each Receipt this Period  
190.00

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

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

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : PR1983484625073**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Weekly)

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

Mailing Address 5851 Midnight Moon Dr

City Frisco State TX Zip Code 75034

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1121.00

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : PR1983484725073**

Amount of Each Receipt this Period  
54.00

P/R Deduction (\$27.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 324.00

**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 46 OF 50
	<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 ▼ **1080.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR1983484825073**

Amount of Each Receipt this Period  
**90.00**

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 ▼ **1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR1983484925073**

Amount of Each Receipt this Period  
**100.00**

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 ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : PR1983485025073**

Amount of Each Receipt this Period  
**40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</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 47 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary Patricia Welc**

Mailing Address 38051 North El Indio Cir

City Cave Creek	State AZ	Zip Code 85331
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR2007353525073**

Amount of Each Receipt this Period  
**120.00**

P/R Deduction (\$60.00 Weekly)

Full Name (Last, First, Middle Initial)  
**B. Richard Edward Lacourse**

Mailing Address 35 Winding Ln

City Basking Ridge	State NJ	Zip Code 07920
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare, Inc.	Occupation RVP VTA
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2012

**Transaction ID : PR2007353625073**

Amount of Each Receipt this Period  
**160.00**

P/R Deduction (\$80.00 Weekly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>13579.00</b>

**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) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address 430 South Capitol Street, SE 2nd Floor		<b>Transaction ID : 46716011</b>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution	Category/Type 011	Contribution
Candidate Name <b>Democratic Congressional Campaign Committee</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brady For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address P.O. Box 8277		<b>Transaction ID : 46716014</b>
City The Woodlands State TX Zip Code 77387	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution	Category/Type 011	Contribution
Candidate Name <b>Rep. Kevin Brady</b>		
Office Sought: <input checked="" 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: TX District: 08		

Full Name (Last, First, Middle Initial) <b>C. Republican Party of Kentucky - Federal Account</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address P.O. Box 1068		<b>Transaction ID : 46716059</b>
City Frankfort State KY Zip Code 40602	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Contribution	Category/Type 011	Contribution
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) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

**Transaction ID : 47124721**

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / 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

12500.00

**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)

**A. Roberts Stivers Campaign**

Mailing Address 207 Main Street

City Manchester State KY Zip Code 40962-7323

Purpose of Disbursement  
Bertram 'Robert' Stivers, STATE SENATE 25th KY

011

Category/  
Type

Candidate Name

**Senator Bertram 'Robert' Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : 46716022**

Amount of Each Disbursement this Period

1000.00

Bertram 'Robert' Stivers, STATE SENATE 25th KY

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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)..... ▶

1000.00

1000.00