

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 800 South Fourth Avenue  
 Check if different than previously reported. (ACC) Louisville KY 40202 2412

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00242271 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	X	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 02 01 2003 through 02 28 2003

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 Richard A Lechleiter  
 Signature of Treasurer Electronically Filed by Richard A Lechleiter Date 03 20 2003

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 (Revised 1/2001)

Page 2

Write or Type Committee Name  
Kindred Healthcare, Inc. Political Action Committee

Report Covering the Period: From: <sup>h</sup>0<sup>h</sup>2<sup>h</sup> <sup>D</sup>0<sup>D</sup>1<sup>D</sup> <sup>v</sup>2<sup>v</sup>0<sup>v</sup>0<sup>v</sup>3<sup>v</sup> To: <sup>h</sup>0<sup>h</sup>2<sup>h</sup> <sup>D</sup>2<sup>D</sup>8<sup>D</sup> <sup>v</sup>2<sup>v</sup>0<sup>v</sup>0<sup>v</sup>3<sup>v</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2 <sup>v</sup> 0 <sup>v</sup> 0 <sup>v</sup> 3 <sup>v</sup>		102007.87
(b) Cash on Hand at Beginning of Reporting Period .....	113334.87	
(c) Total Receipts (from Line 19) .....	10800.96	22127.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	124135.83	124135.83
7. Total Disbursements (from Line 30) .....	6500.00	6500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	117635.83	117635.83
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. Political Action Committee

Report Covering the Period: From: <sup>W</sup>02 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>W</sup>02 <sup>D</sup>28 <sup>Y</sup>2003

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) .....	802.00	
(ii) Unitemized .....	9561.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	10363.00	21690.00
(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 32, page 4) .....	10363.00	21690.00
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 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	437.96	437.96
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	10800.96	22127.96
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	10800.96	22127.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	500.00	500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	6500.00	6500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6500.00	6500.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	10363.00	21690.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	10363.00	21690.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 5 / 11

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lane M Bowen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

680 South Fourth Ave

City

State

Zip Code

Louisville

KY

40202

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

50.00

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
President-HSD

Payroll Deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R42034

Full Name (Last, First, Middle Initial)

B. Lane M Bowen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 2 / 2 4 / 2 0 0 3

680 South Fourth Ave

City

State

Zip Code

Louisville

KY

40202

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

50.00

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
President-HSD

Payroll Deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R42435

Full Name (Last, First, Middle Initial)

C. Richard E Chapman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

11200 Bodley Drive

City

State

Zip Code

Louisville

KY

40223

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

58.00

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
Sr VP CIO & CAO

Payroll Deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

232.00

Transaction ID: R41874

**SUBTOTAL** of Receipts This Page (optional) ..... ► **158.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 11

11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard E Chapman  
Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 3

Mailing Address  
11200 Bodley Drive  
City State Zip Code  
Louisville KY 40223

Amount of Each Receipt this Period  
58.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction  
Kindred Healthcare, Inc. Sr VP CIO & CAO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 232.00

Transaction ID: R42275

**B.** Full Name (Last, First, Middle Initial)  
Edward L Kurtz  
Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

Mailing Address  
8807 Stable Crest Boulevard  
City State Zip Code  
Houston TX 77024

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction  
Kindred Healthcare, Inc. Chairman & CEO

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

Transaction ID: R41808

**C.** Full Name (Last, First, Middle Initial)  
Edward L Kurtz  
Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 3

Mailing Address  
8807 Stable Crest Boulevard  
City State Zip Code  
Houston TX 77024

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Payroll Deduction  
Kindred Healthcare, Inc. Chairman & CEO

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

Transaction ID: R42307

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **258.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard A Lechleiter

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

6D1 Club Lane

City

State

Zip Code

Louisville

KY

40207

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

80.00

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
Sr VP CFO & Treasurer

Payroll Deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

240.00

Transaction ID: R41642

Full Name (Last, First, Middle Initial)

B. Richard A Lechleiter

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 2 / 2 4 / 2 0 0 3

6D1 Club Lane

City

State

Zip Code

Louisville

KY

40207

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

80.00

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
Sr VP CFO & Treasurer

Payroll Deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

240.00

Transaction ID: R42343

Full Name (Last, First, Middle Initial)

C. Traci Shelton

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 2 / 0 7 / 2 0 0 3

12155 Tributary Pointe Dr.#186

City

State

Zip Code

Gold River

CA

95670

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

80.00

Name of Employer  
Kindred Healthcare, Inc.

Occupation  
Reg Chief Oper Officer-HD

Payroll Deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

240.00

Transaction ID: R41976

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

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

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

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

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

NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. Political Action Committee

**A.** Traci Shelton  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 12155 Tributary Pointe Dr.#186  
 City: Gold River State: CA Zip Code: 95670  
 Date of Receipt: 02 / 24 / 2003  
 Amount of Each Receipt this Period: 80.00  
 Name of Employer: Kindred Healthcare, Inc. Occupation: Reg Chief Oper Officer-HD  
 Payroll Deduction  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00  
 Transaction ID: R42377

**B.** Thomas T Tackett  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 2109 Clark Pointe Drive  
 City: Crestwood State: KY Zip Code: 40014  
 Date of Receipt: 02 / 07 / 2003  
 Amount of Each Receipt this Period: 73.00  
 Name of Employer: Kindred Healthcare, Inc. Occupation: Reg Sr VP-HSD  
 Payroll Deduction  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 292.00  
 Transaction ID: R41871

**C.** Thomas T Tackett  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 2109 Clark Pointe Drive  
 City: Crestwood State: KY Zip Code: 40014  
 Date of Receipt: 02 / 24 / 2003  
 Amount of Each Receipt this Period: 73.00  
 Name of Employer: Kindred Healthcare, Inc. Occupation: Reg Sr VP-HSD  
 Payroll Deduction  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 292.00  
 Transaction ID: R42372

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>206.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>802.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Kindred Healthcare, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tom Robbins

Mailing Address  
Box 5233

City State Zip Code  
Largo FL 33779

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kindred Healthcare, Inc.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.96

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2003

Amount of Each Receipt this Period  
437.96

Transaction ID: R40385

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tom Robbins

Mailing Address  
Box 5233

City State Zip Code  
Largo FL 33779

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kindred Healthcare, Inc.

Receipt For: 2001 Primary X General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.96

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2003

Amount of Each Receipt this Period  
.00

Transaction ID: R40386

Memo  
[MEMO ITEM]  
Prorated, returned chk based on when card received & when campaign terminated.

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>437.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>437.96</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)

PAGE 10 / 11

<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				

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. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends Of Blanche Lincoln</b>		Date of Disbursement 02 / 12 / 2003		
Mailing Address PO Box 3197 City Little Rock State AR Zip Code 72203		Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Contribution: Friends Of Blanche Lincoln		Contribution: Friends Of Blanche Lincoln		
Candidate Name Blanche Lambert Lincoln (AR-D)				Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼			
State: AR      District: 0		Transaction ID: D576		

Full Name (Last, First, Middle Initial) <b>B. John Breaux Committee</b>		Date of Disbursement 02 / 24 / 2003		
Mailing Address 110B East Broad Street City Falls Church State VA Zip Code 22048		Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Contribution: John B. Breaux (LA-D)		Contribution: John B. Breaux (LA-D)		
Candidate Name John B. Breaux (LA-D)				Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼			
State: LA      District: 0		Transaction ID: D577		

**C.**

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

PAGE 11 / 11

<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

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. Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends &amp; Neighbors of John Gard</b>		Date of Disbursement 02 / 26 / 2003
Mailing Address P.O. Box 119 City Peshtigo State WI Zip Code 54157		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution to non-federal candidate for Candidate Name John G. Gard (WI-89-R)		Contribution to non-federal candidate for John G. Gard (WI-89-R)
Office Sought: House Senate President State: WI District: 89	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
		Transaction ID: D57B

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>500.00</b>