

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2011 through 03 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Hank Robinson
Signature of Treasurer Electronically Filed by Hank Robinson Date 04 15 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		71255.22
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	82513.22									
(c) Total Receipts (from Line 19)	14415.00	35673.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	96928.22	106928.22								
7. Total Disbursements (from Line 31)	18500.00	28500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78428.22	78428.22								
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**

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	5915.20	10523.60
(ii) Unitemized	6499.80	23149.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12415.00	33673.00
(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)	12415.00	33673.00
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	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14415.00	35673.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14415.00	35673.00

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.....	18500.00	28500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18500.00	28500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	28500.00

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)	12415.00	33673.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12415.00	33673.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) John Cowgill		Date of Receipt
	Mailing Address 9103 Lantern Lite Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2011
	City	State	Zip Code
	Louisville	KY	40220-2960
	FEC ID number of contributing federal political committee. C		Transaction ID: 39275444
Name of Employer Kindred Healthcare, Inc		Occupation Vice President of Facilities Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Dennis Ertel		Date of Receipt
	Mailing Address 6912 Windham Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2011
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee. C		Transaction ID: 39275445
Name of Employer Kindred Healthcare, Inc		Occupation VP Clinical/Bus Sys Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 900.00

C.	Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt
	Mailing Address 8807 Stable Crest Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2011
	City	State	Zip Code
	Houston	TX	77024
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094183921842
Name of Employer Kindred Healthcare Inc.		Occupation Chairman of the BOD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) David R Windhorst</p> <p>Mailing Address 2000 Spring Farms Road</p> <p>City State Zip Code Floyds Knobs IN 47119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: VP Financial Sys Dev</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p>Transaction ID: PR1094185021842</p> <p>Amount of Each Receipt this Period 80.00 </p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Katheryn J Markham</p> <p>Mailing Address 10602 Taylor Farm Ct</p> <p>City State Zip Code Prospect KY 40059</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: VP IS Planning&FieldSvcs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p>Transaction ID: PR1094185621842</p> <p>Amount of Each Receipt this Period 90.00 </p> <p>P/R Deduction (\$45.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Charles Wardrip</p> <p>Mailing Address 2805 Chestnut Ridge Place</p> <p>City State Zip Code Louisville KY 40245</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Kindred Healthcare Inc. Occupation: VP IS Ops & Telecomm</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p>Transaction ID: PR1094187921842</p> <p>Amount of Each Receipt this Period 70.00 </p> <p>P/R Deduction (\$35.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City State Zip Code
Louisville KY 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 ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094188021842

Amount of Each Receipt this Period
90.00

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

B.

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

Mailing Address 22591 Covington Drive

City State Zip Code
Deer Park IL 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094190421842

Amount of Each Receipt this Period
150.00

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

C.

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

Mailing Address 239 Fairfax Avenue

City State Zip Code
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094192221842

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 19
(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. PAC

A. Full Name (Last, First, Middle Initial)
Susan Moss
 Mailing Address 161 Westwind Road
 City State Zip Code
 Louisville KY 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094193321842
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Charles Michael Grannan
 Mailing Address 7109 Cannonade Court
 City State Zip Code
 Prospect KY 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094193921842
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Dennis J Hansen
 Mailing Address 1791 Connor Station Road
 City State Zip Code
 Simpsonville KY 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 ▼ 210.00
 Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094194121842
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 220.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19
(check only one)

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

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

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

A.

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

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code
Louisville KY 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 ▼ 216.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094195421842

Amount of Each Receipt this Period 72.00

P/R Deduction (\$36.00 Bi-Weekly)

B.

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

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 Sr VP & Corp Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094195921842

Amount of Each Receipt this Period 100.00

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

C.

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

Mailing Address 2213 Wrocklage Ave.

City State Zip Code
Louisville KY 40205

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

Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094196321842

Amount of Each Receipt this Period 120.00

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

SUBTOTAL of Receipts This Page (optional) ► 292.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 19
(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. PAC

A. Full Name (Last, First, Middle Initial)
William M Altman
 Mailing Address 9103 Lexington Lane
 City State Zip Code
 Louisville KY 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80
 Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094198021842
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Michael Comer
 Mailing Address 12 Lewis
 City State Zip Code
 Irvine CA 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 ▼ 210.00
 Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094200421842
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Traci Shelton
 Mailing Address 2913 3rd. Street # 201
 City State Zip Code
 Santa Monica CA 90405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Exec VP-West Reg-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00
 Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094200621842
 Amount of Each Receipt this Period 380.00
 P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **834.60**
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 12 / 19
	<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.	Full Name (Last, First, Middle Initial) Steven Monaghan	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 508 W. Melrose #7-A	Transaction ID: PR1094200721842
	City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP-Cent Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$60.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) James J Novak	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 9680 Ridgewalk Court	Transaction ID: PR1094205321842
	City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP-East Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	P/R Deduction (\$42.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Lane M Bowen	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 10966 Secret View Drive	Transaction ID: PR1094213621842
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-NCD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	304.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 19
(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. PAC

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

Mailing Address 9891 Heytesbery

City State Zip Code
Sandy UT 84092

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094237321842

Amount of Each Receipt this Period 80.00

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

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

Mailing Address 14 Westwind Road

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094246621842

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 2949 Glascock Street

City State Zip Code
Oakland CA 94601

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1094247221842

Amount of Each Receipt this Period 130.00

P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 410.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 19
(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. PAC

A. Full Name (Last, First, Middle Initial)
Benjamin A Breier

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 Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2011
Transaction ID: PR1094250921842
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Russell D Ragland

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 ▼ 300.00

Date of Receipt 03 / 31 / 2011
Transaction ID: PR1267998121842
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mary Jane Dailey

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-East Reg-HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2011
Transaction ID: PR1618127521842
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **684.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 19
(check only one)

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

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

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

A.

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

Mailing Address 2385 Nutwood Place

City State Zip Code
Manteca CA 95336

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1618128721842

Amount of Each Receipt this Period
70.00

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

B.

Full Name (Last, First, Middle Initial)
Jeff Hoehn

Mailing Address 5912 N. Shoreland Avenue

City State Zip Code
Milwaukee WI 53217

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

Name of Employer Kindred Healthcare Occupation Dist Dir Operations I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1774751621842

Amount of Each Receipt this Period
80.00

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

C.

Full Name (Last, First, Middle Initial)
Stacie M Bratcher

Mailing Address 760 Campbell Ln. Ste 106-163

City State Zip Code
Bowling Green KY 42104

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

Name of Employer Kindred Healthcare Occupation VP Hosp Rehab Srvcs-PRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2011

Transaction ID: PR1774751821842

Amount of Each Receipt this Period
140.00

P/R Deduction (\$70.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **290.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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.	Full Name (Last, First, Middle Initial) Barry Somervell		Date of Receipt	
	Mailing Address 339 Gillette Drive		M M / D D / Y Y Y Y 03 / 31 / 2011	
	City	State	Zip Code	Transaction ID: PR1835833721842
	Franklin	TN	37069	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		100.00	
Name of Employer Kindred Healthcare Inc.		Occupation SVP Sales & Bus Dev NCD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
				P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	5915.20

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

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

Full Name (Last, First, Middle Initial) Friends of Kent Conrad		Date of Receipt
Mailing Address P.O. Box 812		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code
Bismarck	ND	58502
FEC ID number of contributing federal political committee.		Transaction ID: 39275446
<input type="text" value="C"/> <input type="text" value="C00202754"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	Refund of contribution
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Max Baucus Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:</p>	<p>Transaction ID: 39070789 Date of Disbursement: 03 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Ben Nelson Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:</p>	<p>Transaction ID: 39070791 Date of Disbursement: 03 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Menendez For Senate</p> <p>Mailing Address One Gateway Center Suite 520</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Robert Menendez Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:</p>	<p>Transaction ID: 39202768 Date of Disbursement: 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Every Republican is Critical PAC (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Contribution

Candidate Name
Every Republican is Critical PAC (ERICPAC)

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 39282100
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 39422869
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frederick Stephen Upton

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 06

Transaction ID: 39422874
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

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