



**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.....	105173.23	
(c) Total Receipts (from Line 19) .....	24230.00	82067.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	129403.23	161403.23
7. Total Disbursements (from Line 31).....	0.00	32000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	129403.23	129403.23
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)

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).....	19796.00	44744.80
(ii) Unitemized .....	4434.00	32322.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24230.00	77067.00
(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) .....	24230.00	77067.00
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))..... ▶	24230.00	82067.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24230.00	82067.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	27000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	32000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	32000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24230.00	77067.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24230.00	77067.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<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. Isaac Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8204 Township Drive

City Owings Mills State MD Zip Code 21117-5416

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

Name of Employer Kindred Healthcare Inc. Occupation Board of Directors

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : 45606696**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 508 W. Melrose #7-A

City Chicago State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : 45606697**

Amount of Each Receipt this Period  
 1490.00

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

Mailing Address 6801 Atlanta Drive

City Colleyville State TX Zip Code 76034-5681

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

Name of Employer RehabCare Occupation Regional VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : 45606698**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8990.00

**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 26
	<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. Eddy J. Rogers Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Travis Street

City Houston State TX Zip Code 77002-3009

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

Name of Employer Kindred Healthcare Inc. Occupation Board of Directors

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2012

**Transaction ID : 45935184**

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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR1094115424344**

Amount of Each Receipt this Period  
 80.00

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

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

Mailing Address 8807 Stable Crest Boulevard

City Houston State TX Zip Code 77024

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

Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR1094183924344**

Amount of Each Receipt this Period  
 200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5280.00
<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 8 OF 26  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Kindred Healthcare, Inc. PAC**

**A. David R Windhorst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 Spring Farms Road  
City State Zip Code  
Floyds Knobs IN 47119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2012  
**Transaction ID : PR1094185024344**  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B. Katheryn J Markham**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10602 Taylor Farm Ct  
City State Zip Code  
Prospect KY 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2012  
**Transaction ID : PR1094185624344**  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$45.00 Bi-Weekly)

**c. Charles Wardrip**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2805 Chestnut Ridge Place  
City State Zip Code  
Louisville KY 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 ▼ 450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2012  
**Transaction ID : PR1094187924344**  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$45.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 260.00  
**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 9 OF 26
	<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. 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 ▼ 450.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094188024344**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$100.00 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 ▼ 250.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094189124344**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Larry Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1134 W. Granville Avenue Unit 815  
 City Chicago State IL Zip Code 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094190324344**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<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 10 OF 26
<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. Jack Shapiro**  
Full Name (Last, First, Middle Initial)

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 Occupation  
Kindred Healthcare Inc. Division VP-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**05 / 31 / 2012**

**Transaction ID : PR1094190424344**

Amount of Each Receipt this Period  
**100.00**

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

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

Mailing Address 2448 Middle River Dr.

City State Zip Code  
Ft. Lauderdale FL 33305

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

Name of Employer Occupation  
Kindred Healthcare Inc. Executive Director I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**05 / 31 / 2012**

**Transaction ID : PR1094191324344**

Amount of Each Receipt this Period  
**50.00**

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

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

Mailing Address 239 Fairfax Avenue

City State Zip Code  
Louisville KY 40207

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
**05 / 31 / 2012**

**Transaction ID : PR1094192224344**

Amount of Each Receipt this Period  
**200.00**

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<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. Joel W Day**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2017 Spring Farms Drive  
 City State Zip Code  
 Floyds Knobs IN 47119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1094193124344**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Susan Moss**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1094193324344**  
 Amount of Each Receipt this Period  
 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Charles Michael Grannan**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1094193924344**  
 Amount of Each Receipt this Period  
 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<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 12 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dennis J Hansen</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 1791 Connor Station Road		<b>Transaction ID : PR1094194124344</b>
City Simpsonville	State KY	Zip Code 40067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Reimb-NCD	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J Bean</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 941 Mallard Creek Road		<b>Transaction ID : PR1094195124344</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 Tax Planning	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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Anne S Woods</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 7420 Falls Ridge Ct.		<b>Transaction ID : PR1094195424344</b>
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.00
<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 13 OF 26
	<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. John Lucchese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14401 Broad Oak Place  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094195924344**  
 Amount of Each Receipt this Period 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. Joseph Landenwich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1822 Casselberry Road  
 City Louisville State KY Zip Code 40205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094196324344**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**C. Arthur L Rothgerber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8325 Regency Woods Way  
 City Louisville State KY Zip Code 40220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094196424344**  
 Amount of Each Receipt this Period 46.00  
 P/R Deduction (\$23.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.00
<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 26
	<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. 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 ▼ **260.00**

Date of Receipt **05 / 31 / 2012**

**Transaction ID : PR1094197324344**

Amount of Each Receipt this Period **52.00**

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

**B. William M Altman**  
Full Name (Last, First, Middle Initial)

Mailing Address 9103 Lexington Lane

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.00**

Date of Receipt **05 / 31 / 2012**

**Transaction ID : PR1094198024344**

Amount of Each Receipt this Period **384.60**

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

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

Mailing Address 12 Lewis

City Irvine State CA Zip Code 92620

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

Name of Employer Kindred Healthcare Inc. Occupation VP & CFO-West Reg-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **05 / 31 / 2012**

**Transaction ID : PR1094200424344**

Amount of Each Receipt this Period **70.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **506.60**

**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 15 OF 26
	<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. 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 **2840.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094200724344**  
 Amount of Each Receipt this Period **270.00**  
 P/R Deduction (\$135.00 Bi-Weekly)

**B. Charles D Doten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7644 Harbour Blvd.  
 City Miramar State FL Zip Code 33023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094203624344**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Donna Kelsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2075 E. Tivoli Hills Drive  
 City Draper State UT Zip Code 84020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation EVP West Region NCD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094210124344**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>360.00</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 16 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Anita Tillery</b>		Date of Receipt 05 / 31 / 2012 <b>Transaction ID : PR1094211024344</b>
Mailing Address 3512 Raytee Drive		Amount of Each Receipt this Period 40.00
City Chesapeake	State VA	Zip Code 23323
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Market Executive Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Lane M Bowen</b>		Date of Receipt 05 / 31 / 2012 <b>Transaction ID : PR1094213624344</b>
Mailing Address 10966 Secret View Drive		Amount of Each Receipt this Period 100.00
City Sandy	State UT	Zip Code 84092
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen F. Stoess</b>		Date of Receipt 05 / 31 / 2012 <b>Transaction ID : PR1094224624344</b>
Mailing Address 514 Locust Creek Blvd.		Amount of Each Receipt this Period 46.80
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		P/R Deduction (\$23.40 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.80
<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 26
	<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. 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 ▼ 300.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094229924344**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Edward J Goddard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Peters Lane  
 City Wrentham State MA Zip Code 02093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094233524344**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Jeffrey F Luckett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7701 Kendrick Crossing Lane  
 City Louisville State KY Zip Code 40291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094234424344**  
 Amount of Each Receipt this Period 44.00  
 P/R Deduction (\$22.00 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 18 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Peter D Corless**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3308 Overlook Ridge Rd  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP HR & Admin-NCD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094235224344**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$30.00 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 **360.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094237324344**  
Amount of Each Receipt this Period **80.00**  
P/R Deduction (\$40.00 Bi-Weekly)

**C. Philip L. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 702 Helmsdale Place N.  
City Brentwood State TN Zip Code 37027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094243524344**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
<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. 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 Public Pol &GovtAffair  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094246624344**  
Amount of Each Receipt this Period **200.00**  
P/R Deduction (\$100.00 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 **650.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094247224344**  
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 **330.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1094247824344**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$30.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **390.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
	<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 Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1094250924344**  
 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 35069 Roberts Lane  
 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 ▼ 220.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1135252624344**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Weekly)

**C. 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 ▼ 220.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1150411124344**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$10.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	474.60
<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 26
	<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 ▼ 500.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1267998124344**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Katherine W Gilchrist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1668 Victory Court  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Finance-RHB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1524244424344**  
 Amount of Each Receipt this Period 110.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**C. Mary Jane Dailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10411 Loving Trail Drive  
 City Frisco State TX Zip Code 75035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP & CCOSoWest Reg-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1618127524344**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	410.00
<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 26
	<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. Philip B Ragsdell</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR1784229524344</b>
Mailing Address 12004 Log Cabin Lane		Amount of Each Receipt this Period 44.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$22.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Carol Falo</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR1784231524344</b>
Mailing Address 7041 Clubview Dr		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Barry Somervell</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR1835833724344</b>
Mailing Address 7307 Grand Isle Way		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$50.00 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 23 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey M Jasnof**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9012 Coltsfoot Trace  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Sr VP Human Resources-HD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1961243324344**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Jeffrey P Stodghill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 Kenilworth Place  
 City Louisville State KY Zip Code 40205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1961243424344**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Kenneth T Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4103 Old Farm Drive  
 City Crestwood State KY Zip Code 40014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Fin & Controller RHB  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1961243624344**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **240.00**  
**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 26
	<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. James T Flowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 Gilman Avenue  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Crp Dev & Fin Planning  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1975144124344**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Linda R Kurland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8133 Rock Elm Road  
 City Fort Worth State TX Zip Code 76131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rehab Care Occupation SVP Operations -SRS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1983484224344**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$800.00 Weekly)

**C. James M Douthitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 N Sappington Rd  
 City St Louis State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Operations -SRS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1983484424344**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$160.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</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 26
	<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. 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 EVP SRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1045.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : PR1983484524344**

Amount of Each Receipt this Period  
190.00

P/R Deduction (\$760.00 Weekly)

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

Mailing Address 44 Durance 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 ▼  
400.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : PR1983484624344**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$240.00 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 ▼  
270.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : PR1983484724344**

Amount of Each Receipt this Period  
54.00

P/R Deduction (\$189.00 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: PAGE 26 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Claire Willman**  
 Mailing Address 529 Oaks Court  
 City State Zip Code  
 Webster Grove MO 63119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Rehab Care Group Inc. Region Vice President HRS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 495.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1983484824344**  
 Amount of Each Receipt this Period  
 90.00  
 P/R Deduction (\$270.00 Weekly)

Full Name (Last, First, Middle Initial)  
**B. Tanya Snodgrass**  
 Mailing Address 28307 Woodsons Lake Dr.  
 City State Zip Code  
 Spring TX 77386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare, Inc. DVP Bus Devlp  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1983484924344**  
 Amount of Each Receipt this Period  
 100.00  
 P/R Deduction (\$450.00 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 Y Y  
 Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶ 19796.00