

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

5. Covering Period 01 01 2001 through 06 30 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard A. Lechleiter
 Signature of Treasurer Electronically Filed by Richard A. Lechleiter Date 07 31 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2001		35181.26
(b) Cash on Hand at Beginning of Reporting Period	35181.26	
(c) Total Receipts (from Line 19)	48719.65	48719.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83900.91	83900.91
7. Total Disbursements (from Line 30)	48000.00	48000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35900.91	35900.91
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 800-420-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. Political Action Committee

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

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)	9888.00	
(ii) Unitemized	38831.65	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48719.65	48719.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	48719.65	48719.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	48719.65	48719.65
20. Total Federal Receipts (subtract Line 18 from Line 19)	48719.65	48719.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	44500.00
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.....	3500.00	3500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	48000.00	48000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	48000.00	48000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	48719.65	48719.65
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	48719.65	48719.65
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 5 / 58

(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Mark McCullough

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2001

Mailing Address
1101 Old Cannons Lane

City State Zip Code
Louisville KY 40207-3636

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP-Pharmacy Finance

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 409806

B. Full Name (Last, First, Middle Initial)
Mr. EDWARD Kurtz

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2001

Mailing Address
C/O VENCOR 680 SO. 4TH. ST.

City State Zip Code
LOUISVILLE KY 40202

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres/CEO/Chrm

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Batch Receipt Entry
Transaction ID: 471974

C. Full Name (Last, First, Middle Initial)
Mr. EDWARD Kurtz

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2001

Mailing Address
C/O VENCOR 680 SO. 4TH. ST.

City State Zip Code
LOUISVILLE KY 40202

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres/CEO/Chrm

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

Batch Receipt Entry
Transaction ID: 547397

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. FRANK Battafurano

Mailing Address
1492 SABLE WING CIRCLE

City State Zip Code
LOUISVILLE KY 40223-6114

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres. Hospital Operat

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 250.00

Transaction ID: 576970

Full Name (Last, First, Middle Initial)
B. Mr. Richard Chapman

Mailing Address
11200 Bodley Dr.

City State Zip Code
Louisville KY 40223-1386

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & CIO

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 250.00

Transaction ID: 577139

Full Name (Last, First, Middle Initial)
C. Mr. EDWARD Kuntz

Mailing Address
C/O VENCOR 680 SO. 4TH. ST.

City State Zip Code
LOUISVILLE KY 40202

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres/CEO/Chrm

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 500.00

Transaction ID: 577054

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 58

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. RICHARD Gurka

Mailing Address
3208 OVERLOOK CIRCLE

City State Zip Code
GDSDEN KY 40026-0401

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP Health Svcs Div

Amount of Each Receipt this Period
50.00

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 250.00

Transaction ID: 576978

B. Full Name (Last, First, Middle Initial)
Mr. FRANK Belfiore

Mailing Address
1482 SABLE WING CIRCLE

City State Zip Code
LOUISVILLE KY 40223-6114

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres. Hospital Operat

Amount of Each Receipt this Period
50.00

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 300.00

Transaction ID: 608279

C. Full Name (Last, First, Middle Initial)
Mr. Richard Chapman

Mailing Address
11200 Bodley Dr.

City State Zip Code
Louisville KY 40223-1366

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & CIO

Amount of Each Receipt this Period
50.00

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 300.00

Transaction ID: 608397

SUBTOTAL of Receipts This Page (optional) ▶ **150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. EDWARD Kuntz

Mailing Address
C/O VENCOR 880 SO. 4TH. ST.
City: LOUISVILLE State: KY Zip Code: 40202

Date of Receipt
M / D / Y
02 / 28 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: VENCOR, INC. Occupation: Pres/CEO/Chrm

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

800.00

Transaction ID: 606350

Full Name (Last, First, Middle Initial)
B. Mr. RICHARD Gunka

Mailing Address
3209 OVERLOOK CIRCLE
City: GOSHEN State: KY Zip Code: 40026-9401

Date of Receipt
M / D / Y
02 / 28 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: VENCOR, INC. Occupation: Sr VP Health Svcs Div

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

300.00

Transaction ID: 606287

Full Name (Last, First, Middle Initial)
C. Ms. SHARON CHURCH LUQUIRE

Mailing Address
1423 SEABROOK AVE
City: CARY State: NC Zip Code: 27511-5725

Date of Receipt
M / D / Y
03 / 13 / 2001

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer: VENCOR, INC. Occupation: DISTRICT DIRECTOR OF OPERATION

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

240.00

Transaction ID: 629603

SUBTOTAL of Receipts This Page (optional) ▶ **190.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. FRANK Battafurano

Mailing Address
1492 SABLE WING CIRCLE

City State Zip Code
LOUISVILLE KY 40223-6114

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres. Hospital Operat

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 350.00

Transaction ID: 680118

Full Name (Last, First, Middle Initial)
B. Richard A. Lechleiter

Mailing Address
601 Club Lane

City State Zip Code
Louisville KY 40207

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2001

Amount of Each Receipt this Period
33.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc. V.P. - Finance

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 231.00

Transaction ID: 680205

Full Name (Last, First, Middle Initial)
C. Mr. Richard Chapman

Mailing Address
11200 Bodley Dr.

City State Zip Code
Louisville KY 40223-1366

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & CIO

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 350.00

Transaction ID: 680241

SUBTOTAL of Receipts This Page (optional) ▶ **133.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. EDWARD Kuntz

Mailing Address
C/O VENCOR 880 SO. 4TH. ST.
City: LOUISVILLE State: KY Zip Code: 40202

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: VENCOR, INC. Occupation: Pres/CEO/Chrm

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Batch Receipt Entry
700.00

Transaction ID: 680185

Full Name (Last, First, Middle Initial)
B. Mr. RICHARD Gunka

Mailing Address
3209 OVERLOOK CIRCLE
City: GOSHEN State: KY Zip Code: 40026-9401

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: VENCOR, INC. Occupation: Sr VP Health Svcs Div

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Batch Receipt Entry
350.00

Transaction ID: 680124

Full Name (Last, First, Middle Initial)
C. Mr. FRANK Battafarano

Mailing Address
1492 SABLE WING CIRCLE
City: LOUISVILLE State: KY Zip Code: 40223-6114

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: VENCOR, INC. Occupation: Pres. Hospital Operat

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

Transaction ID: 684760

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Ms. SHARON CHURCH LUQUIRE

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Mailing Address
1423 SEABROOK AVE

City State Zip Code
CARY NC 27511-5725

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. DISTRICT DIRECTOR OF OPERATION

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 280.00

Transaction ID: 691775

B. Full Name (Last, First, Middle Initial)
Mr. JAMES Newk

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Mailing Address
8880 RIDGEWALK COURT

City State Zip Code
DAVIE FL 33328-7138

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 224.00

Transaction ID: 694754

C. Full Name (Last, First, Middle Initial)
Richard A. Lechlatter

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Mailing Address
601 Club Lane

City State Zip Code
Louisville KY 40207

Amount of Each Receipt this Period
33.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc. V.P. - Finance

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 264.00

Transaction ID: 694850

SUBTOTAL of Receipts This Page (optional) ▶ **101.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 58

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mr. Joseph Landemich

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 26 / 2001

2213 Wrocklage Avenue

City

State

Zip Code

Louisville

KY

40205-2116

Amount of Each Receipt this Period

27.00

FEC ID number of contributing
federal political committee.

Name of Employer
VENCOR, INC.

Occupation

VP Legal/Corp Secty

Receipt For:

Aggregate Year-to-Date ▼

Batch Receipt Entry

Primary

General

Other (specify) ▼

216.00

Transaction ID: 694851

Full Name (Last, First, Middle Initial)

B. Mr. Richard Chapman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 26 / 2001

11200 Bodley Dr.

City

State

Zip Code

Louisville

KY

40223-1386

Amount of Each Receipt this Period

60.00

FEC ID number of contributing
federal political committee.

Name of Employer
VENCOR, INC.

Occupation

Sr VP & CIO

Receipt For:

Aggregate Year-to-Date ▼

Batch Receipt Entry

Primary

General

Other (specify) ▼

400.00

Transaction ID: 694877

Full Name (Last, First, Middle Initial)

C. Mr. EDWARD Kuntz

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 26 / 2001

C/O VENCOR 680 SO. 4TH. ST.

City

State

Zip Code

LOUISVILLE

KY

40202

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
VENCOR, INC.

Occupation

Pres/CEO/Chrm

Receipt For:

Aggregate Year-to-Date ▼

Batch Receipt Entry

Primary

General

Other (specify) ▼

800.00

Transaction ID: 694830

SUBTOTAL of Receipts This Page (optional) ► **177.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. David Winchorst

Mailing Address
8803 Birch Ct.

City State Zip Code
Louisville KY 40242-3461

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Financial Sys Dev

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 224.00

Transaction ID: 694884

Full Name (Last, First, Middle Initial)
B. Mr. VINCENT HAMBRIGHT

Mailing Address
8070 AVENIDA ANTIGUA

City State Zip Code
YORBA LINDA CA 92887-3507

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Amount of Each Receipt this Period
33.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional VP-Pacific

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 231.00

Transaction ID: 691790

Full Name (Last, First, Middle Initial)
C. Mr. RICHARD Gurke

Mailing Address
3209 OVERLOOK CIRCLE

City State Zip Code
GOSHEN KY 40026-9401

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP Health Svcs Div

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

Transaction ID: 694768

SUBTOTAL of Receipts This Page (optional) ▶ **111.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Ms. SHARON CHURCH LUQUIRE

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Mailing Address
1423 SEABROOK AVE

City State Zip Code
CARY NC 27511-5725

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. DISTRICT DIRECTOR OF OPERATION

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 320.00

Transaction ID: 781048

B. Full Name (Last, First, Middle Initial)
Mr. VINCENT HAMBRIGHT

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2001

Mailing Address
8070 AVENIDA ANTIGUA

City State Zip Code
YORBA LINDA CA 92887-3507

Amount of Each Receipt this Period
33.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional VP-Pacific

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 264.00

Transaction ID: 781081

C. Full Name (Last, First, Middle Initial)
Mr. FRANK Battafarano

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Mailing Address
1492 SABLE WING CIRCLE

City State Zip Code
LOUISVILLE KY 40223-6114

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres. Hospital Operat

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 450.00

Transaction ID: 983747

SUBTOTAL of Receipts This Page (optional) ▶ **123.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. JAMES Novak

Mailing Address
9680 RIDGEWALK COURT

City State Zip Code
DAVIE FL 33328-7138

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 252.00

Transaction ID: 983736

Full Name (Last, First, Middle Initial)
B. JAMES Glenwater

Mailing Address
1201 FALLS CREEK LANDING

City State Zip Code
NEW ALBANY IN 47150-9635

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP-Planning/Development

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 225.00

Transaction ID: 983814

Full Name (Last, First, Middle Initial)
C. Richard A. Lechletter

Mailing Address
601 Club Lane

City State Zip Code
Louisville KY 40207

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
33.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc. V.P. - Finance

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 297.00

Transaction ID: 983841

SUBTOTAL of Receipts This Page (optional) ▶ **86.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
WILLIAM B. Seibert

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Mailing Address
4706 WOLFCREEK PKWY

City State Zip Code
LOUISVILLE KY 40241-1072

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Patient Acctg

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 225.00

Transaction ID: 983904

B. Full Name (Last, First, Middle Initial)
Mr. Joseph Landeneich

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Mailing Address
2213 Wrocklage Avenue

City State Zip Code
Louisville KY 40205-2116

Amount of Each Receipt this Period
27.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Legal/Corp Secty

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 243.00

Transaction ID: 983843

C. Full Name (Last, First, Middle Initial)
Mr. DANIEL Epley

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Mailing Address
9326 PARK LANE

City State Zip Code
COMMERCE TOWNSHIP MI 48362-4367

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Executive Director

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 225.00

Transaction ID: 987507

SUBTOTAL of Receipts This Page (optional) ▶ 77.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Mr. Richard Chapman

Mailing Address
11200 Bodley Dr.

City State Zip Code
Louisville KY 40223-1386

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & CIO

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 450.00

Transaction ID: 983882

Full Name (Last, First, Middle Initial)
B. Mr. EDWARD Kurtz

Mailing Address
C/O VENCOR 680 SO. 4TH. ST.

City State Zip Code
LOUISVILLE KY 40202

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres/CEO/Chrm

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 900.00

Transaction ID: 983812

Full Name (Last, First, Middle Initial)
C. Mr. Gary Crain

Mailing Address
#3 Autumn Hill Court

City State Zip Code
Prospect KY 40059-9459

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
18.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 204.00

Transaction ID: 987498

SUBTOTAL of Receipts This Page (optional) ▶ **168.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. Brian Caudill

Mailing Address
2808 Wareham Rd.

City State Zip Code
Louisville KY 40242-2446

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir. - Reimbursement

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 225.00

Transaction ID: 983857

Full Name (Last, First, Middle Initial)
B. Mr. David Winhorst

Mailing Address
8803 Birch Ct.

City State Zip Code
Louisville KY 40242-3461

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Financial Sys Dev

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 252.00

Transaction ID: 983902

Full Name (Last, First, Middle Initial)
C. Mr. RICHARD Gurke

Mailing Address
3209 OVERLOOK CIRCLE

City State Zip Code
GOSHEN KY 40026-9401

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP Health Svcs Div

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 450.00

Transaction ID: 983756

SUBTOTAL of Receipts This Page (optional) ▶ **103.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 58

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

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

Full Name (Last, First, Middle Initial)
A. Mr. FRANK Battafurano Date of Receipt
Mailing Address
1492 SABLE WING CIRCLE
City State Zip Code
LOUISVILLE KY 40223-6114
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00
Name of Employer Occupation
VENCOR, INC. Pres. Hospital Operat
Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 500.00
Transaction ID: 989831

Full Name (Last, First, Middle Initial)
B. Ms. SHARON CHURCH LUQUIRE Date of Receipt
Mailing Address
1423 SEABROOK AVE
City State Zip Code
CARY NC 27511-5725
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 40.00
Name of Employer Occupation
VENCOR, INC. DISTRICT DIRECTOR OF OPERATION
Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 360.00
Transaction ID: 987690

Full Name (Last, First, Middle Initial)
C. Mr. JAMES Nowak Date of Receipt
Mailing Address
9680 RIDGEWALK COURT
City State Zip Code
DAVIE FL 33328-7138
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 28.00
Name of Employer Occupation
VENCOR, INC. Senior Vice President
Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General
Other (specify) ▼ 280.00
Transaction ID: 989824

SUBTOTAL of Receipts This Page (optional) ► **118.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. JAMES Gilewater

Mailing Address
1201 FALLS CREEK LANDING

City State Zip Code
NEW ALBANY IN 47150-9635

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP-Planning/Development

Amount of Each Receipt this Period
25.00

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry

Primary General Other (specify) ▼ 250.00

Transaction ID: 989900

Full Name (Last, First, Middle Initial)
B. Richard A. Lechleiter

Mailing Address
601 Club Lane

City State Zip Code
Louisville KY 40207

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc. V.P. - Finance

Amount of Each Receipt this Period
33.00

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry

Primary General Other (specify) ▼ 330.00

Transaction ID: 989919

Full Name (Last, First, Middle Initial)
C. KATHIE M. McDonald

Mailing Address
3607 CORONADO DRIVE

City State Zip Code
LOUISVILLE KY 40241-2810

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir/Corp Counsel-Liab Claims

Amount of Each Receipt this Period
22.00

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry

Primary General Other (specify) ▼ 220.00

Transaction ID: 989924

SUBTOTAL of Receipts This Page (optional) ▶ **80.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. WILLIAM B. Seibert

Mailing Address
4706 WOLFCREEK PKWY

City State Zip Code
LOUISVILLE KY 40241-1072

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Patient Acctg

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 250.00

Transaction ID: 989954

Full Name (Last, First, Middle Initial)
B. Mr. Joseph Landreich

Mailing Address
2213 Wrocklage Avenue

City State Zip Code
Louisville KY 40205-2116

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
27.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Legal/Corp Secty

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 270.00

Transaction ID: 989920

Full Name (Last, First, Middle Initial)
C. Mr. DANIEL Epley

Mailing Address
9326 PARK LANE

City State Zip Code
COMMERCE TOWNSHIP MI 48362-4367

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Executive Director

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 250.00

Transaction ID: 989890

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. Richard Chapman

Mailing Address
11200 Bodley Dr.

City State Zip Code
Louisville KY 40223-1386

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & CIO

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 500.00

Transaction ID: 989946

Full Name (Last, First, Middle Initial)
B. Mr. EDWARD Kurtz

Mailing Address
C/O VENCOR 680 SO. 4TH. ST.

City State Zip Code
LOUISVILLE KY 40202

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres/CEO/Chrm

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 1000.00

Transaction ID: 989898

Full Name (Last, First, Middle Initial)
C. Mr. Brian Caudill

Mailing Address
2808 Wareham Rd.

City State Zip Code
Louisville KY 40242-2446

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir. - Reimbursement

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 250.00

Transaction ID: 989926

SUBTOTAL of Receipts This Page (optional) ▶ **175.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)
A. Mr. David Winchorst

Mailing Address
8803 Birch Ct.

City State Zip Code
Louisville KY 40242-3461

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Financial Sys Dev

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 280.00

Transaction ID: 989953

Full Name (Last, First, Middle Initial)
B. Mr. VINCENT HAMBRIGHT

Mailing Address
8070 AVENIDA ANTIGUA

City State Zip Code
YORBA LINDA CA 92887-3507

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
33.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional VP-Pacific

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 297.00

Transaction ID: 9877D1

Full Name (Last, First, Middle Initial)
C. Mr. RICHARD Gurke

Mailing Address
3209 OVERLOOK CIRCLE

City State Zip Code
GOSHEN KY 40026-9401

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP Health Svcs Div

Receipt For: Aggregate Year-to-Date ▼ Batch Receipt Entry
Primary General Other (specify) ▼ 500.00

Transaction ID: 989840

SUBTOTAL of Receipts This Page (optional) ▶ **111.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 58

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Ms. CECILIA L. LORBES

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

17 HAROLD STREET

City

State

Zip Code

BROCKTON

MA

02302-3439

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
VENCOR, INC.

Occupation

Regional Dir-Clinical Operations

Receipt For:

Aggregate Year-to-Date ▼

Batch Receipt Entry

Primary General

Other (specify) ▼

225.00

Transaction ID: 987689

Full Name (Last, First, Middle Initial)

B. KEITH Sherman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

815 COCHRAN HILL ROAD

City

State

Zip Code

LOUISVILLE

KY

40206-2805

Amount of Each Receipt this Period

80.00

FEC ID number of contributing
federal political committee.

Name of Employer
VENCOR, INC.

Occupation

VP-Human Resources

Receipt For:

Aggregate Year-to-Date ▼

P/R Deduction (\$20.00 Semi-Monthly)

Primary General

Other (specify) ▼

280.00

Transaction ID: PR3082332172

Full Name (Last, First, Middle Initial)

C. Mr. FRANK Battafarano

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y

1492 SABLE WING CIRCLE

City

State

Zip Code

LOUISVILLE

KY

40223-6114

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
VENCOR, INC.

Occupation

Pres. Hospital Operat

Receipt For:

Aggregate Year-to-Date ▼

P/R Deduction (\$50.00 Semi-Monthly)

Primary General

Other (specify) ▼

700.00

Transaction ID: PR3082362172

SUBTOTAL of Receipts This Page (optional) ▶ **305.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Ms. SHARON CHURCH LUQUIRE

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1423 SEABROOK AVE

City State Zip Code
CARY NC 27511-5725

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. DISTRICT DIRECTOR OF OPERATION

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$40.00 Bi-Weekly)
Primary General
Other (specify) ▼ 440.00

Transaction ID: PR3082422172

B. Full Name (Last, First, Middle Initial)
Mr. JAMES Novak

Date of Receipt
M / D / Y Y Y Y

Mailing Address
8880 RIDGEWALK COURT

City State Zip Code
DAVIE FL 33328-7138

Amount of Each Receipt this Period
112.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$28.00 Semi-Monthly)
Primary General
Other (specify) ▼ 392.00

Transaction ID: PR3082482172

C. Full Name (Last, First, Middle Initial)
JAMES Glenester

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1201 FALLS CREEK LANDING

City State Zip Code
NEW ALBANY IN 47150-9835

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP-Planning/Development

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Semi-Monthly)
Primary General
Other (specify) ▼ 350.00

Transaction ID: PR3082552172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 58					
	<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

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

Full Name (Last, First, Middle Initial)
A. CHARLES MICHAEL Grannan

Date of Receipt
M / D / Y Y Y Y

Mailing Address
7109 CANNONADE COURT

City State Zip Code
PROSPECT KY 40059-8332

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Director Of Purchasin

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Amount of Each Receipt this Period
80.00

Transaction ID: PR3082582172

Full Name (Last, First, Middle Initial)
B. MARY SUZANNE Riedman

Date of Receipt
M / D / Y Y Y Y

Mailing Address
8401 ORCHID HILL PL

City State Zip Code
LOUISVILLE KY 40207-2821

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & Genl Counsel

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Amount of Each Receipt this Period
80.00

Transaction ID: PR3082632172

Full Name (Last, First, Middle Initial)
C. Ms. LINN Billingsley

Date of Receipt
M / D / Y Y Y Y

Mailing Address
P.O. BOX 122

City State Zip Code
BLUE DIAMOND NV 89004-0122

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Amount of Each Receipt this Period
80.00

Transaction ID: PR3082662172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. ANNE S. Woods

Mailing Address
7420 FALLS RIDGE CT.

City State Zip Code
LOUISVILLE KY 40241-6400

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir. - Internal Auditing

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 280.00

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
80.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3062782172

Full Name (Last, First, Middle Initial)
B. RICHARD F. Camico

Mailing Address
808 CHEROKEE ROAD #2

City State Zip Code
LOUISVILLE KY 40204-2324

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir General Acctg

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 210.00

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
80.00

P/R Deduction (\$15.00 Semi-Monthly)

Transaction ID: PR3062802172

Full Name (Last, First, Middle Initial)
C. Richard A. Lechlatter

Mailing Address
801 Club Lane

City State Zip Code
Louisville KY 40207

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc. V.P. - Finance

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 462.00

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
132.00

P/R Deduction (\$33.00 Semi-Monthly)

Transaction ID: PR3082912172

SUBTOTAL of Receipts This Page (optional) ▶ **272.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 58	
	<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. Political Action Committee

A. Full Name (Last, First, Middle Initial)
KATHIE M. McDonald

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3607 CORONADO DRIVE

City State Zip Code
LOUISVILLE KY 40241-2610

Amount of Each Receipt this Period
88.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir/Corp Counsel-Liab Claims

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$22.00 Semi-Monthly)
Primary General Other (specify) ▼ 308.00

Transaction ID: PR3062862172

B. Full Name (Last, First, Middle Initial)
JOHN R Stephenson

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1111 CLIFFWOOD DRIVE

City State Zip Code
GOSHEN KY 40026-9589

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Project Manager

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3062862172

C. Full Name (Last, First, Middle Initial)
Mr. THOMAS T TACKETT

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2109 CLARK POINTE DRIVE

City State Zip Code
CRESTWOOD KY 40014-8767

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP-Health Svcs

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 240.00

Transaction ID: PR3083012172

SUBTOTAL of Receipts This Page (optional) ▶ **208.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 58					
	<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

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

Full Name (Last, First, Middle Initial)
A. MARY R Russell

Mailing Address
7300 WOOD ROCK RD

City State Zip Code
LOUISVILLE KY 40291-1843

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir-Health Svcs Acctg

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 280.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3063D42172

Full Name (Last, First, Middle Initial)
B. Mr. STEPHEN Turner

Mailing Address
4105 PACIFIC AVE #4

City State Zip Code
MARINA DEL REY CA 90292-5950

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 280.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3063D72172

Full Name (Last, First, Middle Initial)
C. Mr. MARK AAnson

Mailing Address
8612 MEADOW EDGE TERRACE

City State Zip Code
FAIRFAX STATION VA 22039-3349

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

P/R Deduction (\$15.00 Semi-Monthly)

Transaction ID: PR3063202172

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. STEVEN Moreghan

Mailing Address
1808 WEST WARNER AVENUE

City State Zip Code
CHICAGO IL 60613-1832

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 280.00

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
80.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3063272172

Full Name (Last, First, Middle Initial)
B. WILLIAM B. Seibert

Mailing Address
4706 WOLF CREEK PKWY

City State Zip Code
LOUISVILLE KY 40241-1072

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Patient Acctg

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
100.00

P/R Deduction (\$25.00 Semi-Monthly)

Transaction ID: PR3063362172

Full Name (Last, First, Middle Initial)
C. Ms. DONNA KELSEY

Mailing Address
2060 THOMAS BISHOP LANE

City State Zip Code
VIRGINIA BEACH VA 23454-1143

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. DISTRICT DIRECTOR OF OPERATION

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 240.00

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
80.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3063812172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mrs. SUSAN Mass

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2400 MERRICK STREET

City State Zip Code
LOUISVILLE KY 40207-1257

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP-Corp Communications

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3063862172

Full Name (Last, First, Middle Initial)
B. Mr. Stephen Dobler

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2703 Trumpetvine Rd.

City State Zip Code
Louisville KY 40220-5601

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Finance & Admin

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3063802172

Full Name (Last, First, Middle Initial)
C. Mr. THEODORE Wadding

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2448 MIDDLE RIVER DR.

City State Zip Code
FORT LAUDERDALE FL 33305-2729

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3084222172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. VIRGIS Nambutes

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3173 PETALUMA AVE

City State Zip Code
LONG BEACH CA 90808-4214

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3064232172

Full Name (Last, First, Middle Initial)
B. Ms. JUDY Lange

Date of Receipt
M / D / Y Y Y Y

Mailing Address
125 JUDAH COURT

City State Zip Code
FOLSOM CA 95630-1844

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Asst Admin Clinical Opera

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 225.00

Transaction ID: PR3064252172

Full Name (Last, First, Middle Initial)
C. Ms. MEREDITH Taylor

Date of Receipt
M / D / Y Y Y Y

Mailing Address
4930 RANDOM OAKS LN

City State Zip Code
LOOMIS CA 95650-9720

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 300.00

Transaction ID: PR3064262172

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Ms. Carol Jean McDowell

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address
5001 Buttonwood

City State Zip Code
Garland TX 75043-3412

Amount of Each Receipt this Period
82.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Asst Admin of Finance

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.50 Semi-Monthly)
Primary General
Other (specify) ▼ 217.00

Transaction ID: PR3064282172

Full Name (Last, First, Middle Initial)
B. Ms. PAMELA MARIE Riter

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address
345 BAYSHORE BLVE #1805

City State Zip Code
TAMPA FL 33606

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General
Other (specify) ▼ 280.00

Transaction ID: PR3064282172

Full Name (Last, First, Middle Initial)
C. Ms DEBORAH Daddridge

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address
312 HILL ST. PO BOX 273

City State Zip Code
MILLTOWN IN 47145-0273

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Manager Purchasing

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General
Other (specify) ▼ 210.00

Transaction ID: PR3084502172

SUBTOTAL of Receipts This Page (optional) ▶ **202.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 58	
	<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

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

Full Name (Last, First, Middle Initial)
A. Ms. THERESA Hunkins

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2029 NORTH OCEAN BLVD. #107

City State Zip Code
FORT LAUDERDALE FL 33305-3709

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional Dir-Clin Ops

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3064642172

Full Name (Last, First, Middle Initial)
B. Ms. SHELLEY Kalsath

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3205 W. BARCELONA STREET

City State Zip Code
TAMPA FL 33629-7101

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3064652172

Full Name (Last, First, Middle Initial)
C. Mr. LEWIS Randedel

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1411 NW 104TH AVE

City State Zip Code
PLANTATION FL 33322-6835

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3064722172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 58	
	<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. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. RONALD Cramerie

Date of Receipt
M / D / Y Y Y Y

Mailing Address
902 CHEVIOT AVENUE

City State Zip Code
DURHAM NC 27707-4512

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General
Other (specify) ▼ 225.00

Transaction ID: PR3064822172

B. Full Name (Last, First, Middle Initial)
Ms. MARION Kozlowski

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1344 N. DEARBORN PKWY

City State Zip Code
CHICAGO IL 60610-2072

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General
Other (specify) ▼ 210.00

Transaction ID: PR3085132172

C. Full Name (Last, First, Middle Initial)
Ms. LINDA Tiemens

Date of Receipt
M / D / Y Y Y Y

Mailing Address
924 ONTARIO #1-A

City State Zip Code
OAK PARK IL 60302-1948

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General
Other (specify) ▼ 280.00

Transaction ID: PR3085152172

SUBTOTAL of Receipts This Page (optional) ▶ **235.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 58

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mr. Michael Comer

Date of Receipt

Mailing Address

MM / DD / YYYY

233 S. Barrington Ave. #104

City State Zip Code

Los Angeles CA 90049-3335

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

80.00

Name of Employer Occupation
VENCOR, INC. Regional Dir.-Finance

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼

280.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3085162172

Full Name (Last, First, Middle Initial)

B. Mr. JACK Shapiro

Date of Receipt

Mailing Address

MM / DD / YYYY

22581 COVINGTON DRIVE

City State Zip Code

DEER PARK IL 60010-3759

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

80.00

Name of Employer Occupation
VENCOR, INC. Executive Director

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼

280.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3085372172

Full Name (Last, First, Middle Initial)

C. Ms. JENNIE T SUBNICK

Date of Receipt

Mailing Address

MM / DD / YYYY

8506-K EAST BAKER HILL RD

City State Zip Code

ORANGE CA 92869-5811

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

100.00

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼

Primary General
Other (specify) ▼

280.00

P/R Deduction (\$20.00 Semi-Monthly)

Transaction ID: PR3086512172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Joseph Landemich

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2213 Wrocklage Avenue

City State Zip Code
Louisville KY 40205-2116

Amount of Each Receipt this Period
108.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Legal/Corp Secty

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$27.00 Semi-Monthly)
Primary General Other (specify) ▼ 378.00

Transaction ID: PR3068772172

Full Name (Last, First, Middle Initial)
B. Mr. Leo Hauber

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3845 Kennison

City State Zip Code
Louisville KY 40207

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir.-Corp Facilities

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3068802172

Full Name (Last, First, Middle Initial)
C. Mr. DANIEL Epley

Date of Receipt
M / D / Y Y Y Y

Mailing Address
9326 PARK LANE

City State Zip Code
COMMERCE TOWNSHIP MI 48362-4367

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Executive Director

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Semi-Monthly)
Primary General Other (specify) ▼ 350.00

Transaction ID: PR30686872172

SUBTOTAL of Receipts This Page (optional) ▶ **268.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ms. JEANNE Koester

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address
1621 GROS VENTRE

City State Zip Code
RID RANCHO NM 87124-7718

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3066812172

Full Name (Last, First, Middle Initial)
B. Mr. Richard Chapman

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address
11200 Bodley Dr.

City State Zip Code
Louisville KY 40223-1386

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP & CIO

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Semi-Monthly)
Primary General Other (specify) ▼ 700.00

Transaction ID: PR3067062172

Full Name (Last, First, Middle Initial)
C. Mr. JOHN Griffes

Date of Receipt
M M / D D / Y Y Y Y

Mailing Address
11012 WHISPER HOLLOW

City State Zip Code
SAN ANTONIO TX 78230-3218

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3067242172

SUBTOTAL of Receipts This Page (optional) ▶ **360.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 / 58					
	<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

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

Full Name (Last, First, Middle Initial)
A. Mr. DONALD Schwarz

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1 D2 MANOR AVE

City State Zip Code
WELLESLEY MA 02482-1034

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3067282172

Full Name (Last, First, Middle Initial)
B. Mr. ROBERT Schmid

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1102 LAKE BLUFF CIRCLE

City State Zip Code
LOUISVILLE KY 40245-5238

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr Vp Health Serv. Di

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3067322172

Full Name (Last, First, Middle Initial)
C. Mr. JAMES Lindberg

Date of Receipt
M / D / Y Y Y Y

Mailing Address
11119 BROOK STONE COURT

City State Zip Code
LOUISVILLE KY 40225-2853

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Mgr-Corp Facilities

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3067342172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. EDWARD Kuntz

Date of Receipt
M / D / Y Y Y Y

Mailing Address
C/O VENCOR 880 SO. 4TH. ST.

City State Zip Code
LOUISVILLE KY 40202

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pres/CEO/Chrm

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$100.00 Semi-Monthly)
Primary General Other (specify) ▼ 1400.00

Transaction ID: PR3067362172

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2701 Sycamore Woods Ct

City State Zip Code
Louisville KY 40241-6293

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Vice President And As

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$40.00 Semi-Monthly)
Primary General Other (specify) ▼ 205.00

Transaction ID: PR3067362172

Full Name (Last, First, Middle Initial)
C. Mr. Charles Wardrip

Date of Receipt
M / D / Y Y Y Y

Mailing Address
216 Parkview Dr.

City State Zip Code
Louisville KY 40245-4962

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Operations & Telecom

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3087432172

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 58					
	<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

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

Full Name (Last, First, Middle Initial)
A. Mr. STEPHEN Macnehead

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1305 GLENBROOK ROAD

City State Zip Code
ANCHORAGE KY 40223-1421

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Client Services

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3087442172

Full Name (Last, First, Middle Initial)
B. Ms. TERESA Anderson

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3313 CHAPEL LANE

City State Zip Code
NEW ALBANY IN 47150-9411

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir HR Systems

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3087482172

Full Name (Last, First, Middle Initial)
C. Ms. Martha Ford

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3000 S. Randolph St. Apt 101

City State Zip Code
Arlington VA 22206-2245

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 300.00

Transaction ID: PR3087582172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Ms. CAROLE Wilson

Date of Receipt
M / D / Y Y Y Y

Mailing Address
520 HARVARD ROAD

City State Zip Code
SAN MATEO CA 84402-2268

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 300.00

Transaction ID: PR3087612172

B. Full Name (Last, First, Middle Initial)
Mr. Garry Crain

Date of Receipt
M / D / Y Y Y Y

Mailing Address
#3 Autumn Hill Court

City State Zip Code
Prospect KY 40059-9459

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$18.00 Semi-Monthly)
Primary General Other (specify) ▼ 294.00

Transaction ID: PR3087622172

C. Full Name (Last, First, Middle Initial)
Mr. Brian Caudill

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2808 Wareham Rd.

City State Zip Code
Louisville KY 40242-2448

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir. - Reimbursement

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Semi-Monthly)
Primary General Other (specify) ▼ 350.00

Transaction ID: PR3087662172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 58					
	<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

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

A. Full Name (Last, First, Middle Initial)
Mr. ELIJAH Godbolt

Date of Receipt
M / D / Y Y Y Y

Mailing Address
4524 WOLF CREEK PARKWAY

City State Zip Code
LOUISVILLE KY 40241-5500

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir. of Reimbursement

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3067682172

B. Full Name (Last, First, Middle Initial)
Mr. David Winchert

Date of Receipt
M / D / Y Y Y Y

Mailing Address
8803 Birch Ct.

City State Zip Code
Louisville KY 40242-3461

Amount of Each Receipt this Period
112.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Financial Sys Dev

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$28.00 Semi-Monthly)
Primary General Other (specify) ▼ 392.00

Transaction ID: PR3067712172

C. Full Name (Last, First, Middle Initial)
Ms. Deborah Rikert

Date of Receipt
M / D / Y Y Y Y

Mailing Address
142 South Crestmoor Ave.

City State Zip Code
Louisville KY 40206-2737

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Project Development

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3067762172

SUBTOTAL of Receipts This Page (optional) ▶ **252.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 / 58					
	<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

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

A. Full Name (Last, First, Middle Initial)
Ms. JUDITH C. DEXTER

Date of Receipt
M / D / Y Y Y Y

Mailing Address
4161 RIDGE ROAD

City State Zip Code
KINGSPORT TN 37660-7884

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. AREA ADMINISTRATOR

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)

Primary General Other (specify) ▼ 240.00

Transaction ID: PR3068092172

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Mr. MICHAEL Metzger

Date of Receipt
M / D / Y Y Y Y

Mailing Address
121 TAMARACK CT.

City State Zip Code
LINDENHURST IL 60046-4923

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)

Primary General Other (specify) ▼ 210.00

Transaction ID: PR3068182172

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
Mr. Ted Artoon

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3917 Browne's Ferry Rd.

City State Zip Code
Charlotte NC 28269-8977

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional Pharmacy Dir

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)

Primary General Other (specify) ▼ 280.00

Transaction ID: PR3068252172

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 58

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

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

A. Full Name (Last, First, Middle Initial)
Mr. VINCENT HAMBRIGHT

Date of Receipt
M / D / Y Y Y Y

Mailing Address
6070 AVENIDA ANTIGUA

City State Zip Code
YORBA LINDA CA 92887-3507

Amount of Each Receipt this Period
99.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional VP-Pacific

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$33.00 Semi-Monthly)
Primary General Other (specify) ▼ 396.00

Transaction ID: PR3068482172

B. Full Name (Last, First, Middle Initial)
Mr. RICHARD Guke

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3209 OVERLOOK CIRCLE

City State Zip Code
GOSHEN KY 40026-9401

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Sr VP Health Svcs Div

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$50.00 Semi-Monthly)
Primary General Other (specify) ▼ 700.00

Transaction ID: PR3068482172

C. Full Name (Last, First, Middle Initial)
Ms. KATHERYN Marthen

Date of Receipt
M / D / Y Y Y Y

Mailing Address
10602 TAYLOR FARM CT

City State Zip Code
PROSPECT KY 40059-9580

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. VP Plng & Architecture

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 280.00

Transaction ID: PR3068752172

SUBTOTAL of Receipts This Page (optional) ▶ **379.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Charles Learhart

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1200 Twin Willows Lane

City State Zip Code
Louisville KY 40214-5691

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Accounts Payable Mana

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3089202172

Full Name (Last, First, Middle Initial)
B. Ms. JUDITH Moody

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3911 VENTURA CYN AVE

City State Zip Code
SHERMAN OAK CA 91423-4712

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General Other (specify) ▼ 300.00

Transaction ID: PR3089222172

Full Name (Last, First, Middle Initial)
C. Ms. CECILIA L. LORBER

Date of Receipt
M / D / Y Y Y Y

Mailing Address
17 HAROLD STREET

City State Zip Code
BROCKTON MA 02302-3439

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Regional Dir-Clinical Operations

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$25.00 Semi-Monthly)
Primary General Other (specify) ▼ 275.00

Transaction ID: PR3089252172

SUBTOTAL of Receipts This Page (optional) ▶ **210.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 58	
	<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. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ms. Rose Michels

Date of Receipt
M / D / Y Y Y Y

Mailing Address
4418 Brookhaen Ave.

City State Zip Code
Louisville KY 40220-3619

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Dir Of Tax Compliance

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3069262172

Full Name (Last, First, Middle Initial)
B. Mr. JOEL Day

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2017 SPRING FARMS DRIVE

City State Zip Code
FLOYDS KNOBS IN 47119-9723

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Controller-Hospitl Div

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3069332172

Full Name (Last, First, Middle Initial)
C. Ms. Teri Heritage

Date of Receipt
M / D / Y Y Y Y

Mailing Address
6008 Fairridge Ct.

City State Zip Code
Louisville KY 40229-1479

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Assistant Treasurer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General Other (specify) ▼ 210.00

Transaction ID: PR3069372172

SUBTOTAL of Receipts This Page (optional) ▶ **180.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 58					
	<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

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

Full Name (Last, First, Middle Initial)
A. Mr. Tim Joly

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3824 Hycliffe Avenue

City State Zip Code
Louisville KY 40207-3839

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Financial Mgr. Bug &

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General
Other (specify) ▼ 210.00

Transaction ID: PR6571422172

Full Name (Last, First, Middle Initial)
B. Mr. MARTIN Andron

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1D GUNSMOKE AVENUE

City State Zip Code
PHILLIPS RANCH CA 91766-4895

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Director of Rehab Service

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General
Other (specify) ▼ 280.00

Transaction ID: PR6571442172

Full Name (Last, First, Middle Initial)
C. Ms. Catharine Todorovich

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1736 Open Field Loop

City State Zip Code
Brandon FL 33510-2094

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Case Mgr

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General
Other (specify) ▼ 210.00

Transaction ID: PR6733032172

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
Ms. ALEXANDRA Wilson

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2B183 DOBBEL AVENUE

City State Zip Code
HAYWARD CA 84542-2413

Amount of Each Receipt this Period
280.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Administrator

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General
Other (specify) ▼ 280.00

Transaction ID: PR6733092172

B. Full Name (Last, First, Middle Initial)
Jan Turk

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1511 Polymnia Street

City State Zip Code
New Orleans LA 70130-5213

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$20.00 Semi-Monthly)
Primary General
Other (specify) ▼ 280.00

Transaction ID: PR7346112172

C. Full Name (Last, First, Middle Initial)
Mr. JOHN Gross

Date of Receipt
M / D / Y Y Y Y

Mailing Address
816 HIDDEN HARBOR CT

City State Zip Code
CHESAPEAKE VA 23322-7078

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VENCOR, INC. Pharmacy Manager

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$15.00 Semi-Monthly)
Primary General
Other (specify) ▼ 225.00

Transaction ID: PR7752112172

SUBTOTAL of Receipts This Page (optional)	▶	415.00
TOTAL This Period (last page this line number only)	▶	9888.00

**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)

PAGE 50 / 58

<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				

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

<p>A. Full Name (Last, First, Middle Initial) Grassley Committee</p> <p>Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement YTD:\$2,000.00 Charles Grassley, U.S. SEN</p> <p>Candidate Name Senator Charles Grassley</p> <p>Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/></p> <p>Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 1</p>	<p>Date of Disbursement 01 / 15 / 2001</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Charles Grassley, U.S. SENATE IA</p> <p>Transaction ID: 487284</p>
<p>B. Full Name (Last, First, Middle Initial) Re-Elect Nancy Johnson To Congress Committee</p> <p>Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050</p> <p>Purpose of Disbursement YTD:\$1,000.00 Nancy Johnson, U.S. HOUSE</p> <p>Candidate Name Congresswoman Nancy Johnson</p> <p>Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/></p> <p>Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2002 Primary Congres</p> <p>State: CT District: 6</p>	<p>Date of Disbursement 01 / 29 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Nancy Johnson, U.S. HOUSE 6th CT</p> <p>Transaction ID: 617242</p>
<p>C. Full Name (Last, First, Middle Initial) McConnell Senate Committee '02</p> <p>Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201</p> <p>Purpose of Disbursement YTD:\$1,000.00 Mitch McConnell, U.S. SENA</p> <p>Candidate Name Senator Mitch McConnell</p> <p>Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/></p> <p>Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2002 Primary Congres</p> <p>State: KY District: 2</p>	<p>Date of Disbursement 02 / 23 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Mitch McConnell, U.S. SENATE KY</p> <p>Transaction ID: 617543</p>

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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)

PAGE 51 / 58

<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				

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

Full Name (Last, First, Middle Initial) A. Keep Our Majority PAC		Date of Disbursement 03 / 08 / 2001	
Mailing Address P.O. Box 442 City Yarkville		State IL	Zip Code 60560
Purpose of Disbursement YTD:\$5,000.00		Amount of Each Disbursement this Period 5000.00	
Candidate Name		011 Category/ Type	
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District: 0	Transaction ID: 684584	

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement 03 / 29 / 2001	
Mailing Address 320 FIRST STREET SE City WASHINGTON		State DC	Zip Code 20008
Purpose of Disbursement YTD:\$2,500.00		Amount of Each Disbursement this Period 2500.00	
Candidate Name		011 Category/ Type	
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District: 0	Transaction ID: 684591	

Full Name (Last, First, Middle Initial) C. Michael Bilirakis for Congress		Date of Disbursement 04 / 08 / 2001	
Mailing Address Box 1077 City Tarpon Springs		State FL	Zip Code 34688
Purpose of Disbursement YTD:\$1,000.00 Michael S Bilirakis, 9TH D		Amount of Each Disbursement this Period 1000.00	
Candidate Name Michael S Bilirakis		011 Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	
State: FL	District: 9	Transaction ID: 689832	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus 2002		Date of Disbursement 04 / 06 / 2001
Mailing Address PO Box 586 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Max Baucus, U.S. SENATE fr		011 Category/ Type
Candidate Name Senator Max Baucus		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Max Baucus, U.S. SENATE from MT
State: MT District: 1		Transaction ID: 699819

Full Name (Last, First, Middle Initial) B. Evan Bayh Committee		Date of Disbursement 04 / 06 / 2001
Mailing Address P.O. Box 40877 City: Indianapolis State: IN Zip Code: 46240		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Evan Bayh, U.S. SENATE fro		011 Category/ Type
Candidate Name Senator Evan Bayh		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Senate Primary	Evan Bayh, U.S. SENATE from IN
State: IN District: 2		Transaction ID: 699820

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Date of Disbursement 05 / 02 / 2001
Mailing Address 430 South Capital Street, S.E. City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00 Contribution		011 Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Contribution
State: District: 0		Transaction ID: 1040116

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

PAGE 53 / 58

<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				

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

Full Name (Last, First, Middle Initial) A. Bill Thomas Campaign Committee		Date of Disbursement 05 / 10 / 2001
Mailing Address Box 395 City: Bakersfield State: CA Zip Code: 93302		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00 Bill Thomas, US House for		011 Category/ Type Bill Thomas, US House for CA-21
Candidate Name Bill Thomas		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1040094
State: CA District: 21		

Full Name (Last, First, Middle Initial) B. Re-Elect Nancy Johnson To Congress Committee		Date of Disbursement 05 / 10 / 2001
Mailing Address PO Box 1986 City: New Britain State: CT Zip Code: 06050		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00 Nancy Johnson, US House fo		011 Category/ Type Nancy Johnson, US House for CT-6
Candidate Name Congresswoman Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1040118
State: CT District: 6		

Full Name (Last, First, Middle Initial) C. HASTERT FOR CONGRESS		Date of Disbursement 05 / 21 / 2001
Mailing Address BOX 625 City: BATAVIA State: IL Zip Code: 60510		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00 Dennis Hastert, US House f		011 Category/ Type Dennis Hastert, US House for IL-14
Candidate Name MR. DENNIS HASTERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1137104
State: IL District: 0		

SUBTOTAL of Disbursements This Page (optional)	5500.00
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)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. BARTON GORDON CAMPAIGN COMMITTEE		Date of Disbursement 05 / 21 / 2001
Mailing Address Box 2008 City Murfreesboro State TN Zip Code 37133		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Bart Gordon, US House TN-6		Bart Gordon, US House TN-6
Candidate Name Barton Gordon		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1137103
State: TN District: 8		

Full Name (Last, First, Middle Initial) B. Rangel For Congress		Date of Disbursement 05 / 21 / 2001
Mailing Address PO Box 5577 City Manhattanville Sta State NY Zip Code 10027		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Charles Rangel, US House f		Charles Rangel, US House for NY-15
Candidate Name Congressman Charles Rangel		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1137D54
State: NY District: 15		

Full Name (Last, First, Middle Initial) C. Fletcher for Congress		Date of Disbursement 05 / 21 / 2001
Mailing Address P.O. Box 4703 City Lexington State KY Zip Code 40544-4703		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00 Ernie Fletcher, US House f		Ernie Fletcher, US House for KY-6
Candidate Name Cong Ernie Fletcher		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1137120
State: KY District: 6		

SUBTOTAL of Disbursements This Page (optional)	3500.00
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)

PAGE 55 / 58

<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				

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

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement 05 / 24 / 2001
Mailing Address 320 FIRST STREET SE City: WASHINGTON State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$3,500.00 Contribution		Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 1321077
State: District: 0		

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Date of Disbursement 05 / 24 / 2001
Mailing Address Ronald Reagan Republican Center 425 Second Street, N.E. City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Contribution		Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 1321082
State: District: 0		

Full Name (Last, First, Middle Initial) C. McConnell Senate Committee '02		Date of Disbursement 05 / 24 / 2001
Mailing Address PO Box 1496 City: Louisville State: KY Zip Code: 40201		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$3,500.00 Mitch McConnell, US Senate		Mitch McConnell, US Senate Campaign
Candidate Name Senator Mitch McConnell		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1144854
State: KY District: 2		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Burr for Congress</p> <p>Mailing Address Box 5732 City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement YTD:\$1,000.00 Richard Burr, US House for</p> <p>Candidate Name Richard Burr</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: NC District: 5</p> <p>Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres</p>	<p>Date of Disbursement 05 / 30 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Richard Burr, US House for NC-5</p> <p>Transaction ID: 1146884</p>
<p>B. Full Name (Last, First, Middle Initial) Federation of American Hospitals</p> <p>Mailing Address 801 Pennsylvania Avenue NW Suite 245 City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement YTD:\$5,000.00 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House Senate President</p> <p>State: District: 0</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Date of Disbursement 05 / 30 / 2001</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p> <p>Transaction ID: 1146850</p>
<p>C. Full Name (Last, First, Middle Initial) Ehrlich For Congress Committee</p> <p>Mailing Address 8800 LaSalle Road Suite 103 City Baltimore State MD Zip Code 21286</p> <p>Purpose of Disbursement YTD:\$1,000.00 Robert Ehrlich, US House M</p> <p>Candidate Name Congressman Robert L. Ehrlich, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: MD District: 2</p> <p>Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres</p>	<p>Date of Disbursement 06 / 06 / 2001</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Robert Ehrlich, US House MD-2</p> <p>Transaction ID: 1321679</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Re-Elect Nancy Johnson To Congress Committee		Date of Disbursement 06 / 26 / 2001
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$5,000.00 Nancy Johnson, US House fo		Nancy Johnson, US House for CT-6
Candidate Name Congresswoman Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Primary Congres	Transaction ID: 1321D69
State: CT District: 8		

Full Name (Last, First, Middle Initial) B. Re-Elect Nancy Johnson To Congress Committee		Date of Disbursement 06 / 26 / 2001
Mailing Address PO Box 1986 City New Britain State CT Zip Code 06050		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$8,000.00 Nancy Johnson, US House fo		Nancy Johnson, US House for CT-6
Candidate Name Congresswoman Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 1321D75
State: CT District: 8		

Full Name (Last, First, Middle Initial) C. Harkin for Senate		Date of Disbursement 06 / 26 / 2001
Mailing Address 3213 SW 9th Street City Des Moines State IA Zip Code 50315		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Tom Harkin, US Senate for		Tom Harkin, US Senate for IA
Candidate Name Senator Tom Harkin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Senate Primary	Transaction ID: 1321D81
State: IA District: 2		

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	44500.00

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Republican Party of Kentucky		Date of Disbursement 03 / 21 / 2001	
Mailing Address Republican Party of Kentucky Po Box 1068 City State Zip Code Frankfort KY 40602		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		011 Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 674975	
State: District: 0			

Full Name (Last, First, Middle Initial) B. Roy Barnes for Governor		Date of Disbursement 06 / 13 / 2001	
Mailing Address 1100 Spring Street Suite 760 City State Zip Code Atlanta CA 30309		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Roy Barnes, Governor for GA Candidate Name Mr. Roy Barnes		011 Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General X Other (specify) ▼ Georgia Primary 2002	Roy Barnes, Governor for GA Transaction ID: 1298954	
State: GA District: 0			

C.

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	3500.00