

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 604 S. Fourth St.
 Check if different than previously reported. (ACC)
Louisville KY 40202

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

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

5. Covering Period 09 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Electronically Filed by Hank Robinson Date 10 16 2006

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**

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		176556.29
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	140735.69									
(c) Total Receipts (from Line 19)	19818.70	122084.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	160554.39	298640.29								
7. Total Disbursements (from Line 31)	39500.00	177585.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121054.39	121054.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Kindred Healthcare, Inc. PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	10701.20	48519.60
(i) Itemized (use Schedule A)		
(ii) Unitemized	5117.50	68564.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15818.70	117084.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15818.70	117084.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	4000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19818.70	122084.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19818.70	122084.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	135.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	135.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	38500.00	170750.00
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.....	1000.00	6700.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39500.00	177585.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39500.00	177585.90

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	15818.70	117084.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15818.70	117084.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	135.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	135.90

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 66
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Bill Thomas Campaign Committee

Mailing Address PO Box 395

City State Zip Code
Bakersfield CA 93302

FEC ID number of contributing federal political committee. **C** C00100537

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	6

Transaction ID: 17063402

Amount of Each Receipt this Period
4000.00

Refund of Contribution - orig check dated 9/14/05

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

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 7 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Teresa S Anderson		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7115 Coachwood Drive		Transaction ID: PR109418378552
City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Richard E Chapman		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11200 Bodley Drive		Transaction ID: PR109418388552
City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period _____ 210.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP Chief Adm&InfoOff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1400.00	P/R Deduction (\$70.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Edward L Kuntz		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8807 Stable Crest Boulevard		Transaction ID: PR109418398552
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period _____ 300.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Executive Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2000.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 555.00
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David R Windhorst		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418508552	
Mailing Address 2000 Spring Farms Road		Amount of Each Receipt this Period 120.00	
City State Zip Code Floyds Knobs IN 47119	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation VP Financial Sys Dev	Aggregate Year-to-Date 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Lawrence I Wolf		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418518552	
Mailing Address 4826 N Winthrop Ave #3S		Amount of Each Receipt this Period 60.00	
City State Zip Code Chicago IL 60640	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Sr CnsIt Appl-Data Arch	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Judy Weaver		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418538552	
Mailing Address 1635 Blackmore Drive		Amount of Each Receipt this Period 45.00	
City State Zip Code Indianapolis IN 46231	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Clin Ops-HD	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	225.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Katheryn J Markham Mailing Address 10602 Taylor Farm Ct City Prospect State KY Zip Code 40059 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418568552 Amount of Each Receipt this Period 105.00
Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Janis L Mahoney Mailing Address 3403 S. Highway 53 City LaGrange State KY Zip Code 40031 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418588552 Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Technical Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Catherine A Gooch Mailing Address 14516 Clear Meadow Court City Louisville State KY Zip Code 40245 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418598552 Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	225.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patrick J Gillenwater		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 402 Erin Drive		Transaction ID: PR109418648552
City State Zip Code Jeffersonville IN 47130	Amount of Each Receipt this Period _____ 52.50	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir IS Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$17.50 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. William B Seibert		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4706 Wolfcreek Pkwy		Transaction ID: PR109418748552
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period _____ 90.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Deborah F Rickert		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7003 Shallow Lake Road		Transaction ID: PR109418778552
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 202.50
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles Wardrip		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418798552
Mailing Address 2805 Chestnut Ridge Place		Amount of Each Receipt this Period 105.00
City State Zip Code Louisville KY 40245	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops & Telecomm	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

Full Name (Last, First, Middle Initial) B. Stephen M Dobler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418808552
Mailing Address 1106 Holly Springs Drive		Amount of Each Receipt this Period 135.00
City State Zip Code Louisville KY 40242	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Finance & Admin	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Terry Carrico		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418828552
Mailing Address 3311 Cobblers Ct		Amount of Each Receipt this Period 60.00
City State Zip Code New Albany IN 47150	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin Systems Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven J Paynter		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3105 Crestmoor Court		Transaction ID: PR109418848552
City Prospect	State KY	Zip Code 40059
Amount of Each Receipt this Period _____ 60.00		P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Sr Cnslt Tech Arch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	

Full Name (Last, First, Middle Initial) B. Martin Ardron		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 77 Rising Hill Road		Transaction ID: PR109418918552
City Phillips Ranch	State CA	Zip Code 91766
Amount of Each Receipt this Period _____ 75.00		P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Hosp Rehab-PRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00	

Full Name (Last, First, Middle Initial) C. Michael Metzger		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 121 Tamarack Ct.		Transaction ID: PR109418938552
City Lindenhurst	State IL	Zip Code 60046
Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Chief Fin Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 285.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 165.00
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Linn Billingsley Mailing Address P.O. Box 122 City State Zip Code Blue Diamond NV 89004 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109418988552 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		

B. Full Name (Last, First, Middle Initial) Jan Turk Mailing Address 1314 Amelia St. City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419008552 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		

C. Full Name (Last, First, Middle Initial) Jack Shapiro Mailing Address 22591 Covington Drive City State Zip Code Deer Park IL 60010 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419048552 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00		

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Linda Tiemens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419078552
Mailing Address 100 Forest Place #P-39		Amount of Each Receipt this Period 90.00
City State Zip Code Oak Park IL 60301	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Ops-MW Reg-HD	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Theodore Welding		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419138552
Mailing Address 2448 Middle River Dr.		Amount of Each Receipt this Period 75.00
City State Zip Code Ft. Lauderdale FL 33305	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Frank Battafarano		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419198552
Mailing Address 2700 Little Hills Lane		Amount of Each Receipt this Period 150.00
City State Zip Code Anchorage KY 40223	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	315.00
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sean R Muldoon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419228552
Mailing Address 5800 Brittany Valley Road		Amount of Each Receipt this Period 150.00
City State Zip Code Louisville KY 40222	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James L Lindberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419258552
Mailing Address 11119 Brook Stone Court		Amount of Each Receipt this Period 60.00
City State Zip Code Louisville KY 40223	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Adm Mgr Facilities-HD	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Deborah R Doddridge		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419308552
Mailing Address 312 Hill St. PO Box 273		Amount of Each Receipt this Period 45.00
City State Zip Code Milltown IN 47145	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir Procure Sys & Capital	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:	PAGE 16 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joel W Day		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2017 Spring Farms Drive		Transaction ID: PR109419318552
City State Zip Code Floyd Knobs IN 47119	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD	Aggregate Year-to-Date ▼ _____ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Susan Moss		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 161 Westwind Road		Transaction ID: PR109419338552
City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications	Aggregate Year-to-Date ▼ _____ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Theresa M Graham		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1203 Falls Creek Landing		Transaction ID: PR109419358552
City State Zip Code New Ablany IN 47150	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation VP Compliance	Aggregate Year-to-Date ▼ _____ 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 17 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Charles Michael Grannan		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7109 Cannonade Court		Transaction ID: PR109419398552
City Prospect State KY Zip Code 40059	Amount of Each Receipt this Period _____ 84.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$28.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing	Aggregate Year-to-Date ▼ _____ 560.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert G Weir		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4100 Napanee Rd		Transaction ID: PR109419408552
City Louisville State KY Zip Code 40207	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Operations-KPS	Aggregate Year-to-Date ▼ _____ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dennis J Hansen		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1791 Connor Station Road		Transaction ID: PR109419418552
City Simpsonville State KY Zip Code 40067	Amount of Each Receipt this Period _____ 105.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-HSD	Aggregate Year-to-Date ▼ _____ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 249.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mary Suzanne Riedman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419428552	
Mailing Address 6401 Orchid Hill Pl		Amount of Each Receipt this Period 60.00	
City Louisville	State KY	Zip Code 40207	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mary L Dennison		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419488552	
Mailing Address 4678 Mount Eden Road		Amount of Each Receipt this Period 52.50	
City Shelbyville	State KY	Zip Code 40065	P/R Deduction (\$17.50 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Reimb		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Michael J Bean		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419518552	
Mailing Address 8011 Kendrick Crossing Lane		Amount of Each Receipt this Period 60.00	
City Louisville	State KY	Zip Code 40291	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation VP Tax Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	172.50
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 19 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anne S Woods		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419548552
Mailing Address 7420 Falls Ridge Ct.		Amount of Each Receipt this Period 90.00
City State Zip Code Louisville KY 40241	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 596.00		

Full Name (Last, First, Middle Initial) B. Stephanie J Warren		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419578552
Mailing Address 2169 Balmer-Fenwick Road		Amount of Each Receipt this Period 45.00
City State Zip Code Floyds Knobs IN 47119	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Teri A Hartlage		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419588552
Mailing Address 5600 Bradbe Meadows Way		Amount of Each Receipt this Period 60.00
City State Zip Code Fisherville KY 40023	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Asst Treasurer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	195.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Lucchese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419598552
Mailing Address 14401 Broad Oak Place		Amount of Each Receipt this Period 99.00
City State Zip Code Louisville KY 40245	P/R Deduction (\$33.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 660.00	
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Fin & Controller	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Rose M Michels		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419608552
Mailing Address 6503 Chenoweth Run Road		Amount of Each Receipt this Period 45.00
City State Zip Code Louisville KY 40299	P/R Deduction (\$15.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer Kindred Healthcare Inc. Occupation Dir Tax Compl	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Richard A Lechleiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419628552
Mailing Address 601 Club Lane		Amount of Each Receipt this Period 225.00
City State Zip Code Louisville KY 40207	P/R Deduction (\$75.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1500.00	
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Receipts This Page (optional)	369.00
TOTAL This Period (last page this line number only)	(Empty box)

**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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph Landenwich Mailing Address 2213 Wrocklage Ave. City State Zip Code Louisville KY 40205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419638552 Amount of Each Receipt this Period 180.00 P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Arthur L Rothgerber Mailing Address 8325 Regency Woods Way City State Zip Code Louisville KY 40220 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419648552 Amount of Each Receipt this Period 57.00 P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Ruth Ann Lusk Mailing Address 1800 Acorn Lane City State Zip Code Lagrange KY 40031 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419658552 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-East Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	282.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Charles E Leanhart		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1200 Twin Willows Lane		Transaction ID: PR109419668552
City State Zip Code Louisville KY 40214	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accts Payable		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Linda M O'Bryan		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1001 Willow Creek Court		Transaction ID: PR109419678552
City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir PatientCare&QualHD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Timothy W Jolly		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6703 Kingslook Ct		Transaction ID: PR109419688552
City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Planning & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 165.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark A Laemmle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419718552
Mailing Address 2224 Highland Springs Place		Amount of Each Receipt this Period 93.00
City State Zip Code Louisville KY 40245	FEC ID number of contributing federal political committee. C	P/R Deduction (\$31.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Crp Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. Douglas Curnutte		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419728552
Mailing Address 1014 Springside Way		Amount of Each Receipt this Period 45.00
City State Zip Code Louisville KY 40223	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Brian L Caudill		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419738552
Mailing Address 4817 Stanley Farm Court		Amount of Each Receipt this Period 78.00
City State Zip Code LaGrange KY 40031	FEC ID number of contributing federal political committee. C	P/R Deduction (\$26.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) ▶	216.00
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 24 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mary R Russell		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7300 Wood Rock Rd		Transaction ID: PR109419768552	
City State Zip Code Louisville KY 40291	Amount of Each Receipt this Period _____ 66.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation Dir Accounting-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 440.00		
		P/R Deduction (\$22.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. William M Altman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9103 Lexington Lane		Transaction ID: PR109419808552	
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation SVPCmplGovtProg&IntAudit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Bobby V Bas		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2084 Wind River Road		Transaction ID: PR109419838552	
City State Zip Code El Cajon CA 92019	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Kindred Healthcare Inc.	Occupation Radiology Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$15.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 216.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph Wainscott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109419988552
Mailing Address 8918 Serpent Circle		Amount of Each Receipt this Period 45.00
City Indianapolis	State IN	Zip Code 46236
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Central RegHSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. J. Harold Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420018552
Mailing Address 429 Freedom Trail		Amount of Each Receipt this Period 45.00
City Sparta	State TN	Zip Code 38583
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. T. Stephen Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420038552
Mailing Address 680 South Fourth Ave		Amount of Each Receipt this Period 120.00
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation SVPStrategicPlan&BusDevHD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	210.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Michael Comer Mailing Address 12 Lewis City Irvine State CA Zip Code 92620 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR109420048552 Amount of Each Receipt this Period <input type="text"/> 105.00
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 700.00	P/R Deduction (\$35.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Billy Wilcox Mailing Address 3218 Morning Dove City Midlothian State TX Zip Code 76065 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR109420058552 Amount of Each Receipt this Period <input type="text"/> 30.00
Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 300.00	P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Traci Shelton Mailing Address 4138 Quiet Meadow Ct City Fairoaks State CA Zip Code 95628 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR109420068552 Amount of Each Receipt this Period <input type="text"/> 300.00
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-West Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1980.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 435.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steven Monaghan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 508 W. Melrose #7-A		Transaction ID: PR109420078552	
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$85.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-West Grp-HD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1700.00		

Full Name (Last, First, Middle Initial) B. Mark A McCullough		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1101 Old Cannons Lane		Transaction ID: PR109420118552	
City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation President-KPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		

Full Name (Last, First, Middle Initial) C. Susan B Myers		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 959 Whetstone Way		Transaction ID: PR109420158552	
City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation VP Clin Ops-CentralRegHSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 420.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Miner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420218552
Mailing Address 4730 Dunnie Drive		Amount of Each Receipt this Period 60.00
City Tampa State FL Zip Code 33614	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Pamela Marie Riter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420248552
Mailing Address 5224 Hampton Beach Place		Amount of Each Receipt this Period 75.00
City Tampa State FL Zip Code 33609	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Mary Craig		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420268552
Mailing Address 18602 Camellia Estates Lane		Amount of Each Receipt this Period 30.00
City Cypress State TX Zip Code 77429	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III	Aggregate Year-to-Date 285.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	165.00
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Julie Feasel		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6211 Iroquios Ct.		Transaction ID: PR109420308552
City State Zip Code Odessa FL 33556	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Hosp Rehab-PRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Charles D Doten		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7644 Harbour Blvd.		Transaction ID: PR109420368552
City State Zip Code Miramar FL 33023	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. John Gross		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6133 Rolfe Avenue		Transaction ID: PR109420398552
City State Zip Code Norfolk VA 23508	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Pharm Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 115.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy L Simpson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420438552
Mailing Address 498 Branscomb Road		Amount of Each Receipt this Period 40.00
City Grn Cve Spgs	State FL	Zip Code 32043
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. James D Thigpen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420468552
Mailing Address 355 Woolsey Brooks		Amount of Each Receipt this Period 30.00
City Fayetteville	State GA	Zip Code 30214
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Plant Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James J Novak		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420538552
Mailing Address 9680 Ridgewalk Court		Amount of Each Receipt this Period 126.00
City Davie	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. C		P/R Deduction (\$42.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Exec VP-East Grp-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional) ▶	196.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sally I Hoffmann		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420578552	
Mailing Address 13739 Ogakor Drive		Amount of Each Receipt this Period 45.00	
City Riverview	State FL	Zip Code 33569	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Griffes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109420688552	
Mailing Address 27240 Autumn Glen		Amount of Each Receipt this Period 60.00	
City Boerne	State TX	Zip Code 78006	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Donna Kelsey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421018552	
Mailing Address 2075 E. Tivoli Hills Drive		Amount of Each Receipt this Period 75.00	
City Draper	State UT	Zip Code 84020	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP-Pacific Reg-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 32 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Katherine Davis Mailing Address 8419 Oxford Woods Court City State Zip Code Louisville KY 40222 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421028552 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Sr Dir Bus Dev & MktingHS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Anita Tillery Mailing Address 2531 Rock Creek Drive City State Zip Code Chesapeake VA 23325 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421108552 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Donna M Nackers Mailing Address 1760 Waters Ferry Drive City State Zip Code Lawrenceville GA 30043 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421258552 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	130.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph F Weglarz		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 35 Farrington Ave		Transaction ID: PR109421268552
City Gloucester	State MA	Zip Code 01930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Northeast Region	Occupation VP Finance-NE Reg-HSD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Victor Emodi		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3044 Clarke Drive		Transaction ID: PR109421288552
City Virginia Beach	State VA	Zip Code 23456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Celeste M Bentley		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4 Stuart Drive		Transaction ID: PR109421338552
City Barrington	State NH	Zip Code 03825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Reimb-HSD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Lane M Bowen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421368552
Mailing Address 680 South Fourth Ave		Amount of Each Receipt this Period 150.00
City State Zip Code Louisville KY 40202	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael W Beal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421418552
Mailing Address 10 Glenwood Road		Amount of Each Receipt this Period 60.00
City State Zip Code Windham NH 03087	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Northeast Region Occupation Sr VP-NE Reg-HSD	Aggregate Year-to-Date ▼ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Susan A Kesterson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421628552
Mailing Address 2334 Heritage Dr		Amount of Each Receipt this Period 45.00
City State Zip Code Corona CA 92882	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 35 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sylvia Burton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421768552
Mailing Address 433 S. Plantation		Amount of Each Receipt this Period 30.00
City State Zip Code Cookeville TN 38506	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. James Grady		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109421998552
Mailing Address 1311 Old Taylor Trail		Amount of Each Receipt this Period 45.00
City State Zip Code Goshen KY 40026	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Norine Cross		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422178552
Mailing Address 204 Highland Trail		Amount of Each Receipt this Period 40.00
City State Zip Code Chapel Hill NC 27516	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Rehab-PRS	P/R Deduction (\$20.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional) ▶	115.00
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 36 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Gloria J Miller Mailing Address 223 Harvest Row Court City Cary State NC Zip Code 27513 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR109422218552 Amount of Each Receipt this Period <input type="text"/> 60.00
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Patricia Pruden Lennox Mailing Address 11 Cider Mill Road City Medway State MA Zip Code 02053 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR109422288552 Amount of Each Receipt this Period <input type="text"/> 60.00
Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Sales & MktgHSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Scott W Parker Mailing Address 1533 Panorama Drive City Vestavia Hill State AL Zip Code 35216 FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR109422308552 Amount of Each Receipt this Period <input type="text"/> 60.00
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-South Reg-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ronald D Long		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422458552
Mailing Address 148 Cheyenne Road		Amount of Each Receipt this Period 45.00
City State Zip Code Shelbyville KY 40065	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Adm Dir Contract Admin	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Stephen F. Stoess		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422468552
Mailing Address 705 Sentry Way		Amount of Each Receipt this Period 70.20
City State Zip Code Louisville KY 40223	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Telecommunications	P/R Deduction (\$23.40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

Full Name (Last, First, Middle Initial) C. James E. Bell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422508552
Mailing Address 14213 Aiken Road		Amount of Each Receipt this Period 45.00
City State Zip Code Louisville KY 40245	FEC ID number of contributing federal political committee. C	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Div Reimb-HD	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	160.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard A. Hood		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3440 Brian Rd South		Transaction ID: PR109422558552
City State Zip Code Palm Harbor FL 34685	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Pharm-SE Reg-KPS	Aggregate Year-to-Date ▼ _____ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul R. Eiseman		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3714 Fringe Tree Place		Transaction ID: PR109422558552
City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$15.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation VP Business Dev-HD	Aggregate Year-to-Date ▼ _____ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Danny R Edwards		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1112 Hunt Club Lane		Transaction ID: PR109422618552
City State Zip Code Valrico FL 33594	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III	Aggregate Year-to-Date ▼ _____ 380.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 145.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Berard E. Tomassetti		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422628552
Mailing Address 7510 Cantrell Drive		Amount of Each Receipt this Period 75.00
City State Zip Code Crestwood KY 40014	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-KPS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) B. John Waldrop		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422688552
Mailing Address 128 West Hwy 25/70		Amount of Each Receipt this Period 30.00
City State Zip Code Dandridge TN 37725	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00

Full Name (Last, First, Middle Initial) C. Timothy R Eaton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422728552
Mailing Address 4252 Desert Highlands Dr		Amount of Each Receipt this Period 15.00
City State Zip Code Sparks NV 89436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Catharine C Young Mailing Address 6303 Deep Creek Drive City Prospect State KY Zip Code 40059 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422808552 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir & Litigat Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Charles K. Currens Mailing Address 7801 McCarthy Lane City Louisville State KY Zip Code 40222 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422918552 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Gaylia Bond Mailing Address 7015 Wooded Meadow Rd City Louisville State KY Zip Code 40241 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422978552 Amount of Each Receipt this Period 90.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Human Resources-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)	195.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Keith Krein Mailing Address 7212 Deer Ridge Rd City Prospect State KY Zip Code 40059 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422988552 Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Patricia M McGillan Mailing Address 510 Altagate Rd City Louisville State KY Zip Code 40206 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109422998552 Amount of Each Receipt this Period 90.00
Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Risk Mgmt-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$30.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Barbara L Baylis Mailing Address 6702 Kingslook Court City Louisville State KY Zip Code 40207 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423008552 Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

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 42 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Richard H Starke Mailing Address 2404 Dundee Rd City Louisville State KY Zip Code 40205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423158552 Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Rehab Svcs-PRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mary J Yesue Mailing Address P. O. Box 921 City York Harbor State ME Zip Code 03911 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423218552 Amount of Each Receipt this Period 45.00
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Aimee Oakes Mailing Address 240 Paradise Lane City Jacksboro State TN Zip Code 37757 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423268552 Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	165.00
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 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Carol Holguin Mailing Address 504 Steeplechase Trail City State Zip Code Kennedale TX 76060 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423418552 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Chief Exec Off II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Jacqueline Lanter Mailing Address 2355 W Noble Heights Drive City State Zip Code Tucson AZ 85742 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423438552 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00		

C. Full Name (Last, First, Middle Initial) Jeffrey F Lockett Mailing Address 1406 Hawkshead Ln City State Zip Code Louisville KY 40220 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423448552 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer: Kindred Healthcare Inc. Occupation: Dir Internal Audit-IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

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 44 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carolyn F De Blasi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423518552	
Mailing Address 10950 N. LaCanada #8204		Amount of Each Receipt this Period 40.00	
City State Zip Code Oro Valley AZ 85737	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Peter D Corless		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423528552	
Mailing Address 3308 Overlook Ridge Rd		Amount of Each Receipt this Period 60.00	
City State Zip Code Prospect KY 40059	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Tamila Johnson-White		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423548552	
Mailing Address 2615 Zhale Smith Rd.		Amount of Each Receipt this Period 60.00	
City State Zip Code LaGrange KY 40031	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Util Svcs-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Elizabeth Voigt		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7090 Rockrose Terrace		Transaction ID: PR109423668552
City State Zip Code Carlsbad CA 92011	Amount of Each Receipt this Period _____ 15.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Area Dir Rehab	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00	P/R Deduction (\$15.00 Weekly)

Full Name (Last, First, Middle Initial) B. Douglas Roth		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9891 Heytesbery		Transaction ID: PR109423738552
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-Pacific RegHSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Janet F Francis-Head		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 350 Bivens Lane		Transaction ID: PR109423958552
City State Zip Code Beaver Dam KY 42320	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Henry F. Telfeian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109423988552	
Mailing Address 1247 Alvarado Road		Amount of Each Receipt this Period 30.00	
City State Zip Code Berkeley CA 94705	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Labor Rel Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Jeffrey L. Perry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424028552	
Mailing Address 1473 St. James Court		Amount of Each Receipt this Period 60.00	
City State Zip Code Louisville KY 40208	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation Dir Pharmacy IS-KPS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Frank E. Perkins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424038552	
Mailing Address 2101 Cherrywood Drive		Amount of Each Receipt this Period 60.00	
City State Zip Code LaGrange KY 40031	FEC ID number of contributing federal political committee. C		
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-PRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

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 47 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas T Collins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424128552
Mailing Address 12106 Briargate Lane		Amount of Each Receipt this Period 60.00
City State Zip Code Goshen KY 40026	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys-HSD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) B. Kurt Schultz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424148552
Mailing Address 2374 Fielding		Amount of Each Receipt this Period 45.00
City State Zip Code Glenview IL 60026	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Finance-MW Reg-HD	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Linda L Newberry-Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424198552
Mailing Address 11310 Haleco Lane		Amount of Each Receipt this Period 100.00
City State Zip Code Hales Corners WI 53130	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00

SUBTOTAL of Receipts This Page (optional) ▶	205.00
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 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Amanda G Estes		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4211 Wine Cellar Court		Transaction ID: PR109424238552
City State Zip Code Louisville KY 40272	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	

Full Name (Last, First, Middle Initial) B. Gregory C. Miller		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8000 Allielough Court		Transaction ID: PR109424288552
City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period _____ 120.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Dev & Fin Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00	

Full Name (Last, First, Middle Initial) C. Diana Hanyak		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 17057 Rosebud Dr.		Transaction ID: PR109424348552
City State Zip Code Yorba Linda CA 92886	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Administrator II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

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 49 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) Philip L. Jones		Date of Receipt
Mailing Address 702 Helmsdale Place N.		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Brentwood	State TN	Zip Code 37027
FEC ID number of contributing federal political committee.		Transaction ID: PR109424358552
Name of Employer Kindred Healthcare Inc.		Amount of Each Receipt this Period
Occupation Chief Fin Off I		<input type="text"/> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="text"/> 400.00		

B. Full Name (Last, First, Middle Initial) Richard Pletz		Date of Receipt
Mailing Address 30408 Hilliard Court		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Westlake	State OH	Zip Code 44145
FEC ID number of contributing federal political committee.		Transaction ID: PR109424528552
Name of Employer Kindred Healthcare Inc.		Amount of Each Receipt this Period
Occupation Chief Exec Off I		<input type="text"/> 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="text"/> 380.00		

C. Full Name (Last, First, Middle Initial) Ronald G Evens		Date of Receipt
Mailing Address 304 Weston Oaks		<input type="text"/> / <input type="text"/> / <input type="text"/>
City St Louis	State MO	Zip Code 63122
FEC ID number of contributing federal political committee.		Transaction ID: PR109424538552
Name of Employer Kindred Healthcare Inc.		Amount of Each Receipt this Period
Occupation Executive Dir		<input type="text"/> 45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
<input type="text"/> 300.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 50 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jerome J. Yarnish		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424568552
Mailing Address 1986 Wrenfield Lane		Amount of Each Receipt this Period 45.00
City State Zip Code Oviedo FL 32765	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Business Dev-PRS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) B. Raymond J Sierpina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424668552
Mailing Address 14 Westwind Road		Amount of Each Receipt this Period 90.00
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dir Government Programs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

Full Name (Last, First, Middle Initial) C. Steven Tanner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424688552
Mailing Address 6622 Rosebud Lane		Amount of Each Receipt this Period 40.00
City State Zip Code Indianapolis IN 46237	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00

SUBTOTAL of Receipts This Page (optional) ▶	175.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 51 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mark A Bush Mailing Address 6208 Tiara Court City State Zip Code Louisville KY 40219 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424718552 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Thomas Wood Mailing Address 2949 Glascock Street City State Zip Code Oakland CA 94601 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424728552 Amount of Each Receipt this Period 195.00 P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		

C. Full Name (Last, First, Middle Initial) Gwynn Rucker Mailing Address 15106 59th Place NE City State Zip Code Kenmore WA 98028 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR109424788552 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	315.00
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 52 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jane Davis		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8720 229th PL SW		Transaction ID: PR109424838552
City State Zip Code Edmonds WA 98026	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 285.00	P/R Deduction (\$15.00 Weekly)

Full Name (Last, First, Middle Initial) B. Kristie A Frock		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address Rt 6 Box 20		Transaction ID: PR109424958552
City State Zip Code Nevada MO 64772	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Quality Compl Cnslt-HSD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Larry J Green		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1420 Creekstone Dr. NE		Transaction ID: PR109424988552
City State Zip Code Corydon IN 47112	Amount of Each Receipt this Period _____ 54.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Kindred Healthcare Inc. Occupation Adm Dir Planning & Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00	P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 129.00
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 53 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sharon Spittle		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 26 Estes Street		Transaction ID: PR109425008552	
City Ipswich	State MA	Zip Code 01938	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		
		P/R Deduction (\$20.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Benjamin A Breier		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5400 Farm Ridge Lane		Transaction ID: PR109425098552	
City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation President-PRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Steve Ross		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 35069 Roberts Lane		Transaction ID: PR113525268552	
City St Helens	State OR	Zip Code 97051	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		
		P/R Deduction (\$20.00 Weekly)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Clark D McNatt Mailing Address 63 Indian Hills Trail City State Zip Code Louisville KY 40207 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113528568552 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B. Full Name (Last, First, Middle Initial) Judith Curtiss Mailing Address 5495 NE 25th. Avenue # 300 City State Zip Code Ft. Lauderdale FL 33308 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113528688552 Amount of Each Receipt this Period 180.00 P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Ops-South Reg-HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

C. Full Name (Last, First, Middle Initial) Josephine Litzemberger Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201 City State Zip Code St Petersburg FL 33716 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113528698552 Amount of Each Receipt this Period 54.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Managed Care - HD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

SUBTOTAL of Receipts This Page (optional)	264.00
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 55 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Martha Heubach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113528898552
Mailing Address 8000 Redbud Creek Dr.		Amount of Each Receipt this Period 40.00
City State Zip Code Edmond OK 73034	P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 360.00	
Name of Employer Kindred Healthcare Inc. Occupation Administrator I	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gregory T Hayden		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115040018552
Mailing Address 2375 Owens Lane Ne		Amount of Each Receipt this Period 45.00
City State Zip Code Corydon IN 47112	P/R Deduction (\$15.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 270.00	
Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joan Strohm		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115040148552
Mailing Address 19520 French Lace Drive		Amount of Each Receipt this Period 45.00
City State Zip Code Lutz FL 33558	P/R Deduction (\$15.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 270.00	
Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off III	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional) ▶	130.00
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 56 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rachael L Parker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115041118552
Mailing Address 70 Birch Ridge Rd		Amount of Each Receipt this Period 40.00
City Westford	State VT	Zip Code 05494
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Michael Speidel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115041118552
Mailing Address 6658 South Alkire St. #1412		Amount of Each Receipt this Period 30.00
City Littleton	State CO	Zip Code 80127
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Pamela M Bresee		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR122785248552
Mailing Address 4155 SW 192nd Avenue		Amount of Each Receipt this Period 45.00
City Aloha	State OR	Zip Code 97007
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Reg Financial Ana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	115.00
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 57 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Susan Puzon-Kurtz

Mailing Address 12 San Jose Ave.

City State Zip Code
Jefferson LA 70121

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Rehab Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: PR122785438552

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Grant Gloor

Mailing Address 587 Old Waverly Way

City State Zip Code
Eagle Point OR 97524

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR122785488552

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Weekly)

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

Mailing Address 724 Daneshall Drive

City State Zip Code
Louisville KY 40206

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-HSD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: PR126799818552

Amount of Each Receipt this Period
150.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 / 66	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Donna Sroczynski

Mailing Address 1485 Champagne Lane

City State Zip Code
South Elgin IL 60177

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

Name of Employer Occupation
Dist Dir Operations I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: PR128118538552

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	10701.20

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 59 / 66

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

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

Full Name (Last, First, Middle Initial) A. Friends Of John Barrow		Transaction ID: 16907590 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 750.00
City Savannah State GA Zip Code 31412	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Melissa Bean For Congress		Transaction ID: 16907592 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Melissa Bean Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Boswell For Congress		Transaction ID: 16907591 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 750.00
City Des Moines State IA Zip Code 50309	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Leonard Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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 60 / 66

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

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

Full Name (Last, First, Middle Initial) A. Campaign for America's Future		Transaction ID: 16905531 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 175 S. West Temple, Suite 650		Amount of Each Disbursement this Period 5000.00
City Salt Lake City State UT Zip Code 84101		
Purpose of Disbursement Contribution Candidate Name		Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Chet Edwards For Congress		Transaction ID: 16905528 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00
City Waco State TX Zip Code 76702		
Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17		
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Fitzpatrick For Congress		Transaction ID: 16905548 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 750.00
City Doylestown State PA Zip Code 18901		
Purpose of Disbursement Contribution Candidate Name Rep. Michael Fitzpatrick		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 8		
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	6750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jim Gerlach For Congress Committee		Transaction ID: 16905547 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 87		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">750.00</div>
City Uwchland State PA Zip Code 19480		
Purpose of Disbursement Contribution Candidate Name Rep. James Gerlach	<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Contribution

Full Name (Last, First, Middle Initial) B. HILLPAC		Transaction ID: 17073366 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2500.00</div>
City Washington State DC Zip Code 20036		
Purpose of Disbursement Contribution Candidate Name	<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Contribution

Full Name (Last, First, Middle Initial) C. Holding Onto Oregon's Priorities		Transaction ID: 17104777 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 3314		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">3000.00</div>
City Portland State OR Zip Code 97208		
Purpose of Disbursement Contribution Candidate Name	<div style="border: 1px solid black; padding: 2px;">011</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Hoyer For Congress		Transaction ID: 16966614 Date of Disbursement 09 / 25 / 2006
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 5000.00
City Clinton State MD Zip Code 20735	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. Steny Hoyer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kuhl For Congress		Transaction ID: 16905549 Date of Disbursement 09 / 18 / 2006
Mailing Address 10 Ganesvoort Street Suite 101		Amount of Each Disbursement this Period 750.00
City Bath State NY Zip Code 14810	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. John Kuhl	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Blanche Lincoln		Transaction ID: 16905532 Date of Disbursement 09 / 18 / 2006
Mailing Address PO Box 3197		Amount of Each Disbursement this Period 5000.00
City Little Rock State AR Zip Code 72203	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Blanche Lincoln	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Contribution
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Jim Marshall		Transaction ID: 16905526 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1000.00
City Macon State GA Zip Code 31201	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Alan Mollohan For Congress Committee		Transaction ID: 16907589 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 500.00
City Fairmont State WV Zip Code 26555	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Alan Mollohan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Anne Northup For Congress		Transaction ID: 16966611 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 7313		Amount of Each Disbursement this Period 5000.00
City Louisville State KY Zip Code 40257	Contribution	
Purpose of Disbursement Contribution Candidate Name Anne Northup Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Simmons For Congress		Transaction ID: 16907587 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Robert Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Friends of Mike Sodrel		Transaction ID: 16966615 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 1000.00
City Jeffersonville State IN Zip Code 47130	Contribution	
Purpose of Disbursement Contribution Candidate Name Michael Sodrel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Spratt For Congress Committee		Transaction ID: 16905530 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John Spratt, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Sweeney For Congress Inc		Transaction ID: 16907586	
Mailing Address Post Office Box 1465		Date of Disbursement MM / DD / YYYY 09 / 18 / 2006	
City Clifton Park	State NY	Zip Code 12065	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type	
Candidate Name Rep. John Sweeney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 20	Contribution		

Full Name (Last, First, Middle Initial) B. Friends of John Tanner		Transaction ID: 17073368	
Mailing Address Post Office Box 1994		Date of Disbursement MM / DD / YYYY 09 / 28 / 2006	
City Union City	State TN	Zip Code 38281	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type	
Candidate Name John Tanner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 8	Contribution		

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

38500.00

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 66 / 66

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

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

A. Full Name (Last, First, Middle Initial)
Kindred Healthcare KY PAC

Mailing Address 680 South Fourth Avenue

City State Zip Code
Louisville KY 40202

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17063421

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00