

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Kindred Healthcare, Inc. PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2011 through 10 / 31 / 2011

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

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Hank Robinson [Electronically Filed] Date 11 / 16 / 2011

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		71255.22
(b) Cash on Hand at Beginning of Reporting Period.....	88207.23	
(c) Total Receipts (from Line 19) .....	15537.00	170489.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	103744.23	241744.23
7. Total Disbursements (from Line 31).....	18500.00	156500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	85244.23	85244.23
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Kindred Healthcare, Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14113.00	110531.30
(ii) Unitemized .....	1424.00	48068.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15537.00	158599.50
(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) .....	15537.00	158599.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	9889.51
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15537.00	170489.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15537.00	170489.01

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	150500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	6000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18500.00	156500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18500.00	156500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15537.00	158599.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15537.00	158599.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Isaac Kaufman**

Mailing Address 8204 Township Drive

City Owings Mills      State MD      Zip Code 21117-5416

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

Name of Employer Kindred Healthcare Inc.      Occupation Board of Directors

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2011  
**Transaction ID : 42600107**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Sally L. Brooks**

Mailing Address 933 Hidden Ridge Drive

City Milford      State OH      Zip Code 45150-5588

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

Name of Employer Kindred Healthcare, Inc.      Occupation VP of Medical Development

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2011  
**Transaction ID : 42699540**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Roderick J Cowgill**

Mailing Address 9103 Lantern Lite Pkwy

City Louisville      State KY      Zip Code 40220

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

Name of Employer Kindred Healthcare, Inc      Occupation VP Facilities Mgmt-HD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1120.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2011  
**Transaction ID : PR1094115423026**

Amount of Each Receipt this Period  
80.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5580.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. John R Stephenson II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Cliffwood Drive  
 City Goshen State KY Zip Code 40026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Fac Mgmt-HD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094170123026**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Teresa S Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7115 Coachwood Drive  
 City Georgetown State IN Zip Code 47122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094183723026**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Edward L Kuntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8807 Stable Crest Boulevard  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chairman of the BOD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2100.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094183923026**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **260.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. David R Windhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spring Farms Road  
 City State Zip Code  
 Floyds Knobs IN 47119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Financial Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094185023026**  
 Amount of Each Receipt this Period  
 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Lawrence I Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4826 N Winthrop Ave #3S  
 City State Zip Code  
 Chicago IL 60640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Health Info Tech Strateg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094185123026**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**c. Mary Jane Frappier-Neff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2883 Bellwind Circle  
 City State Zip Code  
 Rockledge FL 32955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Reg IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094185223026**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Katheryn J Markham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10602 Taylor Farm Ct  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094185623026**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. Dan McReynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7620 Beech Spring Court  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094185723026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Catherine A Goch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14516 Clear Meadow Court  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094185923026**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 70
	<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. Patrick J Gillenwater**  
Full Name (Last, First, Middle Initial)

Mailing Address 402 Erin Drive

City Jeffersonville State IN Zip Code 47130

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

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **367.50**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094186423026**

Amount of Each Receipt this Period **35.00**

P/R Deduction (\$17.50 Bi-Weekly)

**B. Mona Euler**  
Full Name (Last, First, Middle Initial)

Mailing Address 12568 Sandstone Run

City Carmel State IN Zip Code 46033

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094186723026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. William B Seibert**  
Full Name (Last, First, Middle Initial)

Mailing Address 4706 Wolfcreek Pkwy

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094187423026**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$30.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Charles Wardrip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2805 Chestnut Ridge Place  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **755.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094187923026**  
 Amount of Each Receipt this Period **90.00**  
 P/R Deduction (\$45.00 Bi-Weekly)

**B. Stephen M Dobler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 Holly Springs Drive  
 City Louisville State KY Zip Code 40242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **945.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094188023026**  
 Amount of Each Receipt this Period **90.00**  
 P/R Deduction (\$45.00 Bi-Weekly)

**C. Terry Carrico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Wolf Lair Court  
 City New Albany State IN Zip Code 47150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094188223026**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) <b>A. Steven J Paynter</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 3105 Crestmoor Court			<b>Transaction ID : PR1094188423026</b>
City Prospect	State KY	Zip Code 40059	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 Sr Cnslt Tech Arch	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kimberly Ann Beach</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 6615 Leland Drive			<b>Transaction ID : PR1094188623026</b>
City Crestwood	State KY	Zip Code 40014	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation VP Operation Sys-NCD	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. William R Rhodes</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 11303 Vista Greens Drive			<b>Transaction ID : PR1094188923026</b>
City Louisville	State KY	Zip Code 40241	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Cnslt Tech Architec	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 70
	<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. Martin Ardron**

Mailing Address 41 La Sierra Dr.

City State Zip Code  
Phillips Ranch CA 91766

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

Name of Employer Occupation  
Kindred Healthcare Inc. Div VP Hosp Rehab-PRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**525.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094189123026**

Amount of Each Receipt this Period  
**50.00**

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

Full Name (Last, First, Middle Initial)  
**B. Michael Metzger**

Mailing Address 129 Foley Rd

City State Zip Code  
West Point VA 23181

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**315.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094189323026**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 1314 Amelia St.

City State Zip Code  
New Orleans LA 70115

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

Name of Employer Occupation  
Kindred Healthcare Inc. Resource CEO HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**440.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094190023026**

Amount of Each Receipt this Period  
**40.00**

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

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 70
	<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. Larry Foster**  
Full Name (Last, First, Middle Initial)

Mailing Address 1134 W. Granville Avenue  
Unit 815

City Chicago State IL Zip Code 60660

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094190323026**

Amount of Each Receipt this Period  
50.00

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

**B. Jack Shapiro**  
Full Name (Last, First, Middle Initial)

Mailing Address 22591 Covington Drive

City Deer Park State IL Zip Code 60010

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094190423026**

Amount of Each Receipt this Period  
100.00

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

**C. Adrienne Lyons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1220 North Oak Park Avenue

City Oak Park State IL Zip Code 60302

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

Name of Employer Kindred Healthcare Inc. Occupation Reg SrDir Clinical Ops-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094190523026**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. Linda Mcquade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4712 Sw 24 Ave  
City Ft Lauderdale State FL Zip Code 33312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Mgr Health Info Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094191023026**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. Theodore Welding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2448 Middle River Dr.  
City Ft. Lauderdale State FL Zip Code 33305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Director I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094191323026**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C. Sean R Muldoon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 239 Fairfax Avenue  
City Louisville State KY Zip Code 40207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094192223026**  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 270.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 70
	<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. Deborah R Doddridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 Hill Street NW  
 City Depauw State IN Zip Code 47115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Procure Sys & Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094193023026**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Joel W Day**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2017 Spring Farms Drive  
 City Floyds Knobs State IN Zip Code 47119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094193123026**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Susan Moss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 Westwind Road  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094193323026**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 7028 Westridge Forest Court

City Lanesville State IN Zip Code 47136

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Purch Contract Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094193723026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. Charles Michael Grannan**  
Full Name (Last, First, Middle Initial)

Mailing Address 7109 Cannonade Court

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094193923026**

Amount of Each Receipt this Period **70.00**

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

**C. Dennis J Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1791 Connor Station Road

City Simpsonville State KY Zip Code 40067

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

Name of Employer Kindred Healthcare Inc. Occupation VP Reimb-NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094194123026**

Amount of Each Receipt this Period **70.00**

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

**SUBTOTAL** of Receipts This Page (optional).....▶ **170.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mary Suzanne Riedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4308 Hampton Creek Drive  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094194223026**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Susan P Riedl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8914 Lippincott Road  
 City Louisville State KY Zip Code 40222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir NCD Reimbursement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094194423026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Mary L Dennison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4678 Mount Eden Road  
 City Shelbyville State KY Zip Code 40065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094194823026**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) <b>A. Michael J Bean</b>		Date of Receipt 10 / 31 / 2011
Mailing Address 941 Mallard Creek Road		<b>Transaction ID : PR1094195123026</b>
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Tax Planning	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Peggy Black</b>		Date of Receipt 10 / 31 / 2011
Mailing Address 1607 Helmridge Court		<b>Transaction ID : PR1094195323026</b>
City Louisville	State KY	Zip Code 40222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Exec Asst to Chair & BOD	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 ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Anne S Woods</b>		Date of Receipt 10 / 31 / 2011
Mailing Address 7420 Falls Ridge Ct.		<b>Transaction ID : PR1094195423026</b>
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Internal Audit	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 70
	<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. Stephanie J Warren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2169 Balmer-Fenwick Road  
City State Zip Code  
Floyds Knobs IN 47119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Facility Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094195723026**  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. John Lucchese**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14401 Broad Oak Place  
City State Zip Code  
Louisville KY 40245  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1234.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094195923026**  
Amount of Each Receipt this Period 192.00  
P/R Deduction (\$96.00 Bi-Weekly)

**C. Rose M Michels**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6503 Chenoweth Run Road  
City State Zip Code  
Louisville KY 40299  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094196023026**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	237.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<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) <b>A. Joseph Landenwich</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 1822 Casselberry Road		<b>Transaction ID : PR1094196323026</b>
City Louisville	State KY	Zip Code 40205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer Kindred Healthcare Inc.	Occupation SVPCrpLegalAffairs&CrpSec	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur L Rothgerber</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 8325 Regency Woods Way		<b>Transaction ID : PR1094196423026</b>
City Louisville	State KY	Zip Code 40220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 46.00	
Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Reimbursement	P/R Deduction (\$23.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.00	

Full Name (Last, First, Middle Initial) <b>C. Linda M O'Bryan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 1614 Sylvan Way		<b>Transaction ID : PR1094196723026</b>
City Louisville	State KY	Zip Code 40205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Kindred Healthcare Inc.	Occupation VPPatient Care &Quality-H	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 ▼ 420.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 70
	<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. Karen R Blain**  
Full Name (Last, First, Middle Initial)

Mailing Address 9708 Northridge Dr

City Louisville State KY Zip Code 40272

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Patient Accting-NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094197023026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B. Douglas Curnutte**  
Full Name (Last, First, Middle Initial)

Mailing Address 1014 Springside Way

City Louisville State KY Zip Code 40223

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

Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094197223026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 1647 Beechwood Avenue

City Louisville State KY Zip Code 40204

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094197323026**

Amount of Each Receipt this Period **52.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>102.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 70
	<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. Mary R Russell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7300 Wood Rock Rd  
 City Louisville State KY Zip Code 40291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094197623026**  
 Amount of Each Receipt this Period 44.00  
 P/R Deduction (\$22.00 Bi-Weekly)

**B. William M Altman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9103 Lexington Lane  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094198023026**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Scott M Juetten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7503 Creekton Drive  
 City Louisville State KY Zip Code 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094198123026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 448.60  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Bobby V Bas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2084 Wind River Road  
 City El Cajon State CA Zip Code 92019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Radiology Technologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094198323026**  
 Amount of Each Receipt this Period **15.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Steven J Fuller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6025 Bridge Garden Rd  
 City Knoxville State TN Zip Code 37912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094199723026**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. J. Harold Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 429 Freedom Trail  
 City Sparta State TN Zip Code 38583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094200123026**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 70
	<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. Michael Comer**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Lewis

City Irvine State CA Zip Code 92620

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094200423026**

Amount of Each Receipt this Period **70.00**

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

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

Mailing Address 508 W. Melrose #7-A

City Chicago State IL Zip Code 60657

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1560.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094200723026**

Amount of Each Receipt this Period **270.00**

P/R Deduction (\$135.00 Bi-Weekly)

**C. Cynthia Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 9N668 Bowes Bend Dr

City Elgin State IL Zip Code 60124

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094201023026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. John Miner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4730 Dunnie Drive  
City Tampa State FL Zip Code 33614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **440.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094202123026**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Julie Feasel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6211 Iroquios Ct.  
City Odessa State FL Zip Code 33556  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094203023026**  
Amount of Each Receipt this Period **30.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**c. Charles D Doten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7644 Harbour Blvd.  
City Miramar State FL Zip Code 33023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **440.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094203623026**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 70
	<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. James Malady**  
Full Name (Last, First, Middle Initial)

Mailing Address 954 Lindfield Dr.

City South Park State PA Zip Code 15129

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094204123026**

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B. Timothy L Simpson**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Pioneer Trail

City Green Cove Springs State FL Zip Code 32043

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094204323026**

Amount of Each Receipt this Period **40.00**

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

**c. James D Thigpen**  
Full Name (Last, First, Middle Initial)

Mailing Address 355 Woolsey Brooks Rd.

City Fayetteville State GA Zip Code 30215

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094204623026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Sharon A Barnard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 S.R. 16 West  
 City Green Cove Springs State FL Zip Code 32043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg SrDir Clinical Ops-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094204823026**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. E. Jane Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43171 Buttermere Terrace  
 City Ashburn State VA Zip Code 20147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Bus Implement-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094205123026**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. James J Novak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9680 Ridgewalk Court  
 City Davie State FL Zip Code 33328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Exec VP-East Reg-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **882.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094205323026**  
 Amount of Each Receipt this Period **84.00**  
 P/R Deduction (\$42.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 70
	<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. Sally I Hoffmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 12905 Trade Port Place

City Riverview State FL Zip Code 33579

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

Name of Employer Kindred Healthcare Inc. Occupation Resource CEO HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094205723026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. Christopher A Clements**  
Full Name (Last, First, Middle Initial)

Mailing Address 3111 North Ocean Drive #1007

City Hollywood State FL Zip Code 33019

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094206223026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. Elizabeth D Dubois**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Harriman Road

City Hudson State MA Zip Code 01749

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Trainer Field Acct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094209423026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. Donna Kelsey**

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code  
Draper UT 84020

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

Name of Employer Occupation  
Kindred Healthcare Inc. Sr VP-West Reg-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**525.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094210123026**

Amount of Each Receipt this Period  
**50.00**

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

Full Name (Last, First, Middle Initial)  
**B. Katherine Davis**

Mailing Address 16450 Chalet Circle

City State Zip Code  
Westerfield IN 46074

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

Name of Employer Occupation  
Kindred Healthcare Inc. Reg Dir Case Mgmt-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094210223026**

Amount of Each Receipt this Period  
**15.00**

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Anita Tillery**

Mailing Address 3512 Raytee Drive

City State Zip Code  
Chesapeake VA 23323

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

Name of Employer Occupation  
Kindred Healthcare Inc. Market Executive Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**440.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094211023026**

Amount of Each Receipt this Period  
**40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 70
	<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. Christina Schramm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 166 Columbia Ave  
 City Chillicothe State OH Zip Code 45601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094211923026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Tom Cunningham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 Merwin Ave  
 City Cincinnati State OH Zip Code 45227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lebanon Country Manor Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094212123026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Donna M Nackers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1760 Waters Ferry Drive  
 City Lawrenceville State GA Zip Code 30043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094212523026**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 70
	<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. Joseph F Weglarz**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 Farrington Ave

City Gloucester State MA Zip Code 01930

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

Name of Employer Kindred Healthcare Inc. Occupation VP Finance-East Reg-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094212623026**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B. Celeste M Bentley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3204 Eagle Avenue

City Key West State FL Zip Code 33040

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094213323026**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**C. Debra Forman**  
Full Name (Last, First, Middle Initial)

Mailing Address 12516 Wexton Lane

City Knoxville State TN Zip Code 37934

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Field Accting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094213423026**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Lane M Bowen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10966 Secret View Drive  
City Sandy State UT Zip Code 84092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-NCD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094213623026**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**B. Michael W Beal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 Glenwood Road  
City Windham State NH Zip Code 03087  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP-East Reg-NCD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094214123026**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. John Getts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150 Evergreen Circle  
City Henniker State NH Zip Code 03242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Officer-TCC  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **215.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094214623026**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$5.00 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. James Holcomb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 30Th Avenue N.E.  
 City State Zip Code  
 Great Falls MT 59404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094215123026**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Weekly)

**B. Susan A Kesterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2334 Heritage Dr  
 City State Zip Code  
 Corona CA 92882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094216223026**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Sylvia Burton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 433 S. Plantation  
 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094217623026**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mark S Pfeifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11014 Brave Ct.  
 City Indianapolis State IN Zip Code 46236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094218423026**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Donna Susan Dickerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5283 Pryor Road  
 City Maryville State TN Zip Code 37804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094220723026**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Keith A Mandrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8813 Mallow Drive  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094221223026**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Anna Ruth Birdwell**

Mailing Address 5450 Grundy Quarles Hwy

City	State	Zip Code
Bloomington Spring	TN	38545

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

Name of Employer	Occupation
Kindred Healthcare Inc.	Dir Nursing III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : PR1094221323026**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. James Tucker**

Mailing Address P O Box 223

City	State	Zip Code
Carthage	TN	37030

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

Name of Employer	Occupation
Kindred Healthcare Inc.	Executive Dir II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : PR1094222023026**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Gloria J Miller**

Mailing Address 100 Village Circle Way # 1104

City	State	Zip Code
Durham	NC	27713

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : PR1094222123026**

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 70
	<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. James N. Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 147 Deepspring Drive

City Bardstown State KY Zip Code 40004

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR109422432026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B. Ronald D Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 148 Cheyenne Road

City Shelbyville State KY Zip Code 40065

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Contract Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094224523026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**C. Stephen F. Stoess**  
Full Name (Last, First, Middle Initial)

Mailing Address 514 Locust Creek Blvd.

City Louisville State KY Zip Code 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **491.40**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094224623026**

Amount of Each Receipt this Period **46.80**

P/R Deduction (\$23.40 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **96.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 70
	<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. James E. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 14213 Aiken Road

City Louisville State KY Zip Code 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR1094225023026**

Amount of Each Receipt this Period  
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B. Paul R. Eiseman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3714 Fringe Tree Place

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation VP Bus Dev & Phys Rel-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR1094225823026**

Amount of Each Receipt this Period  
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**C. Catharine C Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 6303 Deep Creek Drive

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP & Employment Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR1094228023026**

Amount of Each Receipt this Period  
 30.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
	<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. Mary W Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Vista Verde Lane SW

City Tumwater State WA Zip Code 98512

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

Name of Employer Kindred Healthcare Inc. Occupation Clinical Impl Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094228423026**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. Sharon Theresa McGuyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 22441 15Th Ave. So.

City Des Moines State WA Zip Code 98198

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Nursing II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094229023026**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Weekly)

**C. Charles K. Currens**  
Full Name (Last, First, Middle Initial)

Mailing Address 7801 McCarthy Lane

City Louisville State KY Zip Code 40222

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

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1094229123026**

Amount of Each Receipt this Period  
**40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Keith Krein**  
Full Name (Last, First, Middle Initial)

Mailing Address 3227 North 88th Street

City Mesa State AZ Zip Code 85207

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094229823026**

Amount of Each Receipt this Period **40.00**

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

**B. Patricia M McGillan**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Altagate Rd

City Louisville State KY Zip Code 40206

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

Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094229923026**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. Barbara L Baylis**  
Full Name (Last, First, Middle Initial)

Mailing Address 7212 Deer Ridge Road

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clin & Res Svcs-NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1094230023026**

Amount of Each Receipt this Period **40.00**

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

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Pete Kalmey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3502 Hedgewick Place  
 City Louisville State KY Zip Code 40245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Ops Central Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094232023026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Mary J Yesue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 921  
 City York Harbor State ME Zip Code 03911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094232123026**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Janet L Worcester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Saratoga Avenue  
 City Bangor State ME Zip Code 04401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1094232223026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Bonnie Deyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 Mustang Run Road

City Lander State WY Zip Code 82520

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094233323026**

Amount of Each Receipt this Period

P/R Deduction (\$10.00 Weekly)

**B. Edward J Goddard**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093

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

Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094233523026**

Amount of Each Receipt this Period

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

**C. Jeffrey F Lockett**  
Full Name (Last, First, Middle Initial)

Mailing Address 7701 Kendrick Crossing Lane

City Louisville State KY Zip Code 40291

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt  
 /  /

**Transaction ID : PR1094234423026**

Amount of Each Receipt this Period

P/R Deduction (\$22.00 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 70
	<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. Janet Biedron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1736 Dunkeld Lane  
 City Folsom State CA Zip Code 95630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094234623026**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Peter D Corless**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3308 Overlook Ridge Rd  
 City Prospect State KY Zip Code 40059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP HR & Admin-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094235223026**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Tamila Johnson-White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2615 Zhale Smith Rd.  
 City LaGrange State KY Zip Code 40031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Case Mgmt-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094235423026**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 70
	<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. Lester Bohnert**  
Full Name (Last, First, Middle Initial)

Mailing Address 2259 N. Pennsylvania Street

City Indianapolis State IN Zip Code 46205

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094235723026**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 9891 Heytesbery

City Sandy State UT Zip Code 84092

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094237323026**

Amount of Each Receipt this Period  
**80.00**

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

**C. Douglas T Collins**  
Full Name (Last, First, Middle Initial)

Mailing Address 3703 River Bluff Road

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094241223026**

Amount of Each Receipt this Period  
**40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 70
	<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) <b>A. Linda L Newberry-Ferguson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 11310 Haleco Lane		<b>Transaction ID : PR1094241923026</b>
City Hales Corners	State WI	Zip Code 53130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off II	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 ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Amanda G Estes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 4211 Wine Cellar Court		<b>Transaction ID : PR1094242323026</b>
City Louisville	State KY	Zip Code 40272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Internal Audit	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 ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Cote</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 24 Adams Court		<b>Transaction ID : PR1094242423026</b>
City Brewer	State ME	Zip Code 04412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Reg Dir Field Accting-NCD	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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 70
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Wendy S Swisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5012 Four Leaf Ct  
 City Greenville State IN Zip Code 47124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP HR & Leadership Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR109424273026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Elvin D. Alsaybar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 742 White Rock Trail  
 City Suwanee State GA Zip Code 30024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Dir Field Accting-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094242923026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Diana Hanyak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17057 Rosebud Dr.  
 City Yorba Linda State CA Zip Code 92886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : PR1094243423026**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 70
	<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. Philip L. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 Helmsdale Place N.

City State Zip Code  
Brentwood TN 37027

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094243523026**

Amount of Each Receipt this Period  
**40.00**

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

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

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094246623026**

Amount of Each Receipt this Period  
**200.00**

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

**C. Steven Tanner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Mt Vernon Dr

City State Zip Code  
Greenwood IN 46142

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : PR1094246823026**

Amount of Each Receipt this Period  
**40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **280.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 70
	<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. Thomas Wood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2949 Glascock Street  
City Oakland State CA Zip Code 94601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr Dist Dir Operations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1365.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094247223026**  
Amount of Each Receipt this Period **130.00**  
P/R Deduction (\$65.00 Bi-Weekly)

**B. Gwynn Rucker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15106 59th Place NE  
City Kenmore State WA Zip Code 98028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **630.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094247823026**  
Amount of Each Receipt this Period **60.00**  
P/R Deduction (\$30.00 Bi-Weekly)

**c. Sharon J Spittle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Estes Street  
City Ipswich State MA Zip Code 01938  
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 **430.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1094250023026**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **230.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 70
	<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. Mary Kathleen Owens**  
Full Name (Last, First, Middle Initial)

Mailing Address 12667 S. Bear Meadow Ct.

City State Zip Code  
Draper UT 84020

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP Clin Ops-Wst Reg-NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 31 / 2011**

**Transaction ID : PR1094250423026**

Amount of Each Receipt this Period  
**200.00**

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 5400 Farm Ridge Lane

City State Zip Code  
Prospect KY 40059

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

Name of Employer Occupation  
Kindred Healthcare Inc. Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt  
**10 / 31 / 2011**

**Transaction ID : PR1094250923026**

Amount of Each Receipt this Period  
**384.60**

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

**C. Krista J Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address 4541 Southern Parkway

City State Zip Code  
Louisville KY 40214

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

Name of Employer Occupation  
Kindred Healthcare Inc. Dir Fin Sys Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 31 / 2011**

**Transaction ID : PR1094251023026**

Amount of Each Receipt this Period  
**200.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>424.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. Kathleen C Paradowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1332  
 City State Zip Code  
 Crestwood KY 40014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Clin Informaticist Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**  
**Transaction ID : PR1135243823026**  
 Amount of Each Receipt this Period  
**20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Steve Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35069 Roberts Lane  
 City State Zip Code  
 St Helens OR 97051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**  
**Transaction ID : PR1135252623026**  
 Amount of Each Receipt this Period  
**40.00**  
 P/R Deduction (\$20.00 Weekly)

**C. Josephine Litzenberger**  
 Full Name (Last, First, Middle Initial)  
 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**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**  
**Transaction ID : PR1135286923026**  
 Amount of Each Receipt this Period  
**36.00**  
 P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 70
	<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. Gregory T Hayden**  
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Trail Ridge Court

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1150400123026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. Julie A Viers**  
Full Name (Last, First, Middle Initial)

Mailing Address 9508 Corinthian Dr

City Louisville State KY Zip Code 40299

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Reporting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1150400523026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. Rachael L Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 70 Birch Ridge Rd

City Westford State VT Zip Code 05494

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1150411123026**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$10.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Pamela M Bresee**  
Full Name (Last, First, Middle Initial)

Mailing Address 4155 SW 192nd Avenue

City Aloha State OR Zip Code 97007

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 /  /   
**10 / 31 / 2011**

**Transaction ID : PR1227852423026**

Amount of Each Receipt this Period  
 **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. Larry Livengood**  
Full Name (Last, First, Middle Initial)

Mailing Address 1219 Pilot Lane

City Galveston State TX Zip Code 77554

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

Name of Employer Kindred Healthcare Inc. Occupation District Director HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 /  /   
**10 / 31 / 2011**

**Transaction ID : PR1267996723026**

Amount of Each Receipt this Period  
 **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. Loretta R Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4017 Ballard Woods Drive

City Smithfield State KY Zip Code 40068

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Fin Sys Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 /  /   
**10 / 31 / 2011**

**Transaction ID : PR126799723026**

Amount of Each Receipt this Period  
 **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> <b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 70
	<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. Russell D Ragland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9902 Palace Green Way  
 City Vienna State VA Zip Code 22181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1267998123026**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Catherine Nurmela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 W. Elmdale  
 City Chicago State IL Zip Code 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1267998423026**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Donna Sroczynski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 399 Fountain Drive  
 City Elgin State IL Zip Code 60124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegNCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1281185323026**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Diane L. Otteman**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 East Cedar  
Apt. #21A

City Chicago State IL Zip Code 60611

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1300206423026**

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$15.00 Bi-Weekly)

**B. Jane Mathews**  
Full Name (Last, First, Middle Initial)

Mailing Address 464 E. Cynthia Way

City North Salt Lake State UT Zip Code 84054

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Dir HR-NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1300207323026**

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. Rita D Simmons**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Franck Avenue

City Louisville State KY Zip Code 40206

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
10 / 31 / 2011  
**Transaction ID : PR1333437023026**

Amount of Each Receipt this Period  
32.00

P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) <b>A. Bobby G. Muse Jr.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 4514 Oak Pointe Drive		<b>Transaction ID : PR1333437123026</b>
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation Dir Rec Mgmt & Bus Contin	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 ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Mark D. Johnson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 3011 Springcrest Drive		<b>Transaction ID : PR1336786723026</b>
City Louisville	State KY	Zip Code 40241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc.	Occupation Mgr Desktop Supp	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 ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Herm</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 11004 Fox Moore Court		<b>Transaction ID : PR1336787123026</b>
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Kindred Healthcare Inc	Occupation Reg Financial Ana	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 ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Lisa J Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 7840 Broad Run Road

City Louisville State KY Zip Code 40291

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Fin Sys Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1346288223026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B. Julieta C Morton**  
Full Name (Last, First, Middle Initial)

Mailing Address 5105 Deerchase Tr

City Wake Forest State NC Zip Code 27587

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

Name of Employer Kindred Healthcare Inc. Occupation Rehab Mgr-PT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1355829323026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**C. James C Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1944 South 275 East

City Clearfield State UT Zip Code 84015

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

Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1394177123026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) <b>A. Mary D Van De Kamp</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 251 Arbor Lane			<b>Transaction ID : PR1408953123026</b>
City Green Bay	State WI	Zip Code 54301	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clinical Ops-PRS	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 ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. Pamela A. Justice</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 5912 Mercury Dr			<b>Transaction ID : PR1408953223026</b>
City Louisville	State KY	Zip Code 40291	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys 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 ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>C. Katherine W Gilchrist</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 1668 Victory Court			<b>Transaction ID : PR1524244423026</b>
City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Finance-PRS	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 70
	<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. Juanita D Blevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1712 Penile Road  
 City Louisville State KY Zip Code 40272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Casualty Insurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1541444223026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Cassandra Rocke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15230 Kingston Ct. Foxridge Estates  
 City Brighton State CO Zip Code 80602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1582894123026**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Christopher Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17108 Deercrossing Trail  
 City Fisherville State KY Zip Code 40023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP-Central Reg-NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1582894523026**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Marilyn Weaver**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1700 Penile Rd  
City Valley Station State KY Zip Code 40272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Occupation Mgr Leased Property  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR161812723026**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**B. Mary Jane Dailey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10411 Loving Trail Drive  
City Frisco State TX Zip Code 75035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare, Inc. Occupation VP & CCOSoWest Reg-HD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2100.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1618127523026**  
Amount of Each Receipt this Period **200.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**C. Kathy Adkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6522 State Rd. 250  
City Calhoun State KY Zip Code 42327  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Rehab Mgr-OT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1618128623026**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 70
	<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. Michael Lawson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2385 Nutwood Place  
City Manteca State CA Zip Code 95336  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off III  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **525.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1618128723026**  
Amount of Each Receipt this Period **105.00**  
P/R Deduction (\$35.00 Bi-Weekly)

**B. Jeanna R. Conder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 Quisenberry Lane  
City Winchester State KY Zip Code 40391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Occupation Dir Clinical Services  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1618128923026**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. John Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 520 East 9000 South  
City Sandy State UT Zip Code 84070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1618129023026**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 70
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Darrin Hull**  
Full Name (Last, First, Middle Initial)  
Mailing Address 277 Bark River Court  
City Delafield State WI Zip Code 53018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1622380123026**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Susan D. Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3402 Acacia Avenue  
City Shepherdsville State KY Zip Code 40165  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1622380223026**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Robert Groezinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25537 Jane Street  
City San Bernardino State CA Zip Code 92404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Area Mgr Maint  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1668092323026**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 70
	<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. Richard C Gandersman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6685 Miami Woods Drive  
 City Loveland State OH Zip Code 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVP Hospice&Home Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1724379223026**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Derrick Glum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 Sherman Cir.  
 City St. George State UT Zip Code 84790  
 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 ▼ **210.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1767984923026**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Michelle Mullen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24840 Kennedy Ridge Rd  
 City North Olmsted State OH Zip Code 44070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : PR1774751223026**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 70
	<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. Jeff Hoehn**  
Full Name (Last, First, Middle Initial)

Mailing Address 5912 N. Shoreland Avenue

City Milwaukee State WI Zip Code 53217

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

Name of Employer Kindred Healthcare Occupation Executive Dir II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1774751623026**

Amount of Each Receipt this Period **40.00**

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

**B. David M Mikula**  
Full Name (Last, First, Middle Initial)

Mailing Address 680 South 4th Avenue

City Louisville State KY Zip Code 40207

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Marketing HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1774751723026**

Amount of Each Receipt this Period **40.00**

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

**C. Philip B Ragsdell**  
Full Name (Last, First, Middle Initial)

Mailing Address 12004 Log Cabin Lane

City Louisville State KY Zip Code 40223

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

Name of Employer Kindred Healthcare Occupation Dir Customer Supp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1784229523026**

Amount of Each Receipt this Period **44.00**

P/R Deduction (\$22.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **124.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Andrea R. Romisher**

Mailing Address 1846 Douglass Blvd

City Louisville State KY Zip Code 40205

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

Name of Employer Kindred Healthcare Inc. Occupation VP Benefits & Comp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1784229923026**

Amount of Each Receipt this Period **20.00**

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Timmy L. Hesson**

Mailing Address 2710 Pikes Peak Boulevard

City Louisville State KY Zip Code 40214

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Wintel & Storage Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1784230723026**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Lawrence J. Toye**

Mailing Address 3 September Lane

City Burlington State MA Zip Code 01803

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

Name of Employer Kindred Healthcare Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 31 / 2011**

**Transaction ID : PR1784230823026**

Amount of Each Receipt this Period **40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 70
	<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. Carol Faló**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7041 Clubview Dr  
City Bridgeville State PA Zip Code 15017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Occupation Chief Clinical Off II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1784231523026**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Elnora DeLeon-Flores**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3711 Bechelli Lane  
City Redding State CA Zip Code 96002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1784231923026**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Weekly)

**C. Michael J Warrington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 118 Frosted Pond PL.  
City The Woodlands State TX Zip Code 77381  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Division VP-HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1797971023026**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Kim K Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 164 River Road

City Hanover State MA Zip Code 02339

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR1826753823026**

Amount of Each Receipt this Period  
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. Janet L Seawell**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Elton Court

City Pleasant Hill State CA Zip Code 94523

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR1829395423026**

Amount of Each Receipt this Period  
 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. Robert Gundersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Barnside Lane

City Sandwich State MA Zip Code 02563

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : PR1829395723026**

Amount of Each Receipt this Period  
 20.00

P/R Deduction (\$5.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 70
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Barry Somervell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 339 Gillette Drive  
City Franklin State TN Zip Code 37069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1835833723026**  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. Laura Hoffpaur**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1805 Pintail Pkwy  
City Euless State TX Zip Code 76039  
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 ▼ 240.00

Date of Receipt 10 / 31 / 2011  
**Transaction ID : PR1887633323026**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14113.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Every Republican is Critical PAC (ERICPAC)**

Mailing Address 25 East Main Street  
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Contribution

011

Candidate Name

**Every Republican is Critical PAC (ERICPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 42409292**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor for Congress**

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Eric Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : 42409294**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bluegrass Committee**

Mailing Address 220 1/2 E Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bluegrass Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2011

**Transaction ID : 42626942**

Amount of Each Disbursement this Period

5000.00

Contribution

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

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2011

**Transaction ID : 42648954**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2011

**Transaction ID : 42648955**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Contribution

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

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

6500.00

16500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. Tom Buford for State Senate**

Mailing Address 409 West Maple Street

City Nicholasville State KY Zip Code 40356

Purpose of Disbursement  
Tom Buford, STATE SENATE 22nd KY

Candidate Name  
**Senator Tom Buford**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KY District:

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
10 / 17 / 2011

**Transaction ID : 42426091**  
Amount of Each Disbursement this Period

Tom Buford, STATE SENATE 22nd KY

Full Name (Last, First, Middle Initial)

**B. Brent Yonts for State Representative**

Mailing Address P.O. Box 370

City Greenville State KY Zip Code 42345

Purpose of Disbursement  
Brent Yonts, STATE HOUSE 15th KY

Candidate Name  
**Brent Yonts**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 15

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
10 / 17 / 2011

**Transaction ID : 42426335**  
Amount of Each Disbursement this Period

Brent Yonts, STATE HOUSE 15th KY

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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