

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Hank Robinson  
Signature of Treasurer Electronically Filed by Hank Robinson Date 09 14 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35053.91
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	44689.12									
(c) Total Receipts (from Line 19) .....	10482.40	101138.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55171.52	136192.81								
7. Total Disbursements (from Line 31) .....	20500.00	101521.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34671.52	34671.52								
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

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) .....	7278.40	53226.20
(ii) Unitemized .....	3204.00	46912.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10482.40	100138.90
(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) .....	10482.40	100138.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10482.40	101138.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10482.40	101138.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	221.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	221.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	95500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	800.00
(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	800.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20500.00	101521.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	101521.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	10482.40	100138.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10482.40	99338.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	221.29
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	221.29

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Teresa S Anderson

Mailing Address 7115 Coachwood Drive

City State Zip Code  
Georgetown IN 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 ▼ 340.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094183720113  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 8807 Stable Crest Boulevard

City State Zip Code  
Houston TX 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 ▼ 1700.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094183920113  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
David R Windhorst

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 ▼ 680.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094185020113  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 320.00

**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: <span style="float: right;">PAGE 7 / 49</span>
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence I Wolf	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 4826 N Winthrop Ave #3S	<b>Transaction ID:</b> PR1094185120113
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Health Info Tech Strateg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Katheryn J Markham	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 10602 Taylor Farm Ct	<b>Transaction ID:</b> PR1094185620113
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$45.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Catherine A Gooch	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 14516 Clear Meadow Court	<b>Transaction ID:</b> PR1094185920113
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.00</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 8 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick J Gillenwater		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 402 Erin Drive		<b>Transaction ID:</b> PR1094186420113		
	City Jeffersonville	State IN	Zip Code 47130	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$17.50 Bi-Weekly)		
	Name of Employer Kindred Healthcare Inc.	Occupation Dir IS Administration	Aggregate Year-to-Date 297.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) William B Seibert		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 4706 Wolfcreek Pkwy		<b>Transaction ID:</b> PR1094187420113		
	City Louisville	State KY	Zip Code 40241	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	Aggregate Year-to-Date 510.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah F Rickert		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 7003 Shallow Lake Road		<b>Transaction ID:</b> PR1094187720113		
	City Prospect	State KY	Zip Code 40059	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Fin Sys Dev	Aggregate Year-to-Date 425.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<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 9 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code  
Louisville KY 40245

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Ops & Telecomm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094187920113  
Amount of Each Receipt this Period 70.00  
P/R Deduction (\$35.00 Bi-Weekly)

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

Mailing Address 1106 Holly Springs Drive

City State Zip Code  
Louisville KY 40242

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

Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094188020113  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$45.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Terry Carrico

Mailing Address 3011 Wolf Lair Court

City State Zip Code  
New Albany IN 47150

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094188220113  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven J Paynter	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 3105 Crestmoor Court	<b>Transaction ID:</b> PR1094188420113
	City Prospect State KY Zip Code 40059	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Tech Arch	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Martin Ardron	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 41 La Sierra Dr.	<b>Transaction ID:</b> PR1094189120113
	City Phillips Ranch State CA Zip Code 91766	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Div VP Hosp Rehab-PRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Metzger	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 129 Foley Rd	<b>Transaction ID:</b> PR1094189320113
	City West Point State VA Zip Code 23181	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Kindred Healthcare Inc. Occupation Chief Fin Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jan Turk	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1314 Amelia St.	<b>Transaction ID:</b> PR1094190020113
	City State Zip Code New Orleans LA 70115	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Resource CEO HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Foster	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1134 W. Granville Avenue Unit 815	<b>Transaction ID:</b> PR1094190320113
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Shapiro	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 22591 Covington Drive	<b>Transaction ID:</b> PR1094190420113
	City State Zip Code Deer Park IL 60010	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Division VP-HD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>285.00</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 12 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Theodore Welding		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2448 Middle River Dr.		<b>Transaction ID:</b> PR1094191320113
	City Ft. Lauderdale	State FL	Zip Code 33305
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Director I	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Sean R Muldoon		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 239 Fairfax Avenue		<b>Transaction ID:</b> PR1094192220113
	City Louisville	State KY	Zip Code 40207
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HD	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah R Doddridge		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 312 Hill Street NW		<b>Transaction ID:</b> PR1094193020113
	City Depauw	State IN	Zip Code 47115
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Procure Sys & Capital	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 ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	230.00
<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 13 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joel W Day

Mailing Address 2017 Spring Farms Drive

City State Zip Code  
Floyds Knobs IN 47119

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

Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: PR1094193120113  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 161 Westwind Road

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc. Occupation VP Crp Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: PR1094193320113  
Amount of Each Receipt this Period: 80.00  
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 7028 Westridge Forest Court

City State Zip Code  
Lanesville IN 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 ▼ 243.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: PR1094193720113  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$15.00 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: PAGE 14 / 49

(check only one)

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

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

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

**A.**

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

Mailing Address 7109 Cannonade Court

City State Zip Code  
Prospect KY 40059

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

Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094193920113

Amount of Each Receipt this Period

70.00

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

**B.**

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

Mailing Address 1791 Connor Station Road

City State Zip Code  
Simpsonville KY 40067

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 595.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094194120113

Amount of Each Receipt this Period

70.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mary Suzanne Riedman

Mailing Address 4308 Hampton Creek Drive

City State Zip Code  
Louisville KY 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094194220113

Amount of Each Receipt this Period

40.00

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

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

180.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary L Dennison

Mailing Address 4678 Mount Eden Road

City State Zip Code  
Shelbyville KY 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 ▼ 340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

**Transaction ID:** PR1094194820113

Amount of Each Receipt this Period 40.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Michael J Bean

Mailing Address 8011 Kendrick Crossing Lane

City State Zip Code  
Louisville KY 40291

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

Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

**Transaction ID:** PR1094195120113

Amount of Each Receipt this Period 40.00

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

**C.**

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

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code  
Louisville KY 40241

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

Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

**Transaction ID:** PR1094195420113

Amount of Each Receipt this Period 72.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **152.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephanie J Warren

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 ▼ 255.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: PR1094195720113  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
John Lucchese

Mailing Address 14401 Broad Oak Place

City State Zip Code  
Louisville KY 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Corp Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: PR1094195920113  
Amount of Each Receipt this Period: 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Rose M Michels

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 ▼ 255.00

Date of Receipt: 08 / 31 / 2010  
Transaction ID: PR1094196020113  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49

(check only one)

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

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

**A.**

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

Mailing Address 2213 Wrocklage Ave.

City State Zip Code  
Louisville KY 40205

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

Name of Employer Occupation  
Kindred Healthcare Inc. SVPCrpLegalAffairs&CrpSec

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1020.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR1094196320113

Amount of Each Receipt this Period

120.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Arthur L Rothgerber

Mailing Address 8325 Regency Woods Way

City State Zip Code  
Louisville KY 40220

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

Name of Employer Occupation  
Kindred Healthcare Inc. Sr VP Reimbursement

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 391.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR1094196420113

Amount of Each Receipt this Period

46.00

P/R Deduction (\$23.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Linda M O'Bryan

Mailing Address 1614 Sylvan Way

City State Zip Code  
Louisville KY 40205

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

Name of Employer Occupation  
Kindred Healthcare Inc. VPPatient Care &Quality-H

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR1094196720113

Amount of Each Receipt this Period

40.00

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

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

206.00

**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 18 / 49

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Curnutte

Mailing Address 1014 Springside Way

City State Zip Code  
Louisville KY 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 ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094197220113

Amount of Each Receipt this Period  
30.00

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

**B.**

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

Mailing Address 1647 Beechwood Avenue

City State Zip Code  
Louisville KY 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 ▼ 442.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094197320113

Amount of Each Receipt this Period  
52.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mary R Russell

Mailing Address 7300 Wood Rock Rd

City State Zip Code  
Louisville KY 40291

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-HSD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 374.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094197620113

Amount of Each Receipt this Period  
44.00

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

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

126.00

**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 19 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
William M Altman  
 Mailing Address 9103 Lexington Lane  
 City State Zip Code  
 Louisville KY 40241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.10  
 Date of Receipt 08 / 31 / 2010  
**Transaction ID:** PR1094198020113  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Bobby V Bas  
 Mailing Address 2084 Wind River Road  
 City State Zip Code  
 El Cajon CA 92019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Radiology Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00  
 Date of Receipt 08 / 31 / 2010  
**Transaction ID:** PR1094198320113  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
J. Harold Walker  
 Mailing Address 429 Freedom Trail  
 City State Zip Code  
 Sparta TN 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 ▼ 255.00  
 Date of Receipt 08 / 31 / 2010  
**Transaction ID:** PR1094200120113  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 444.60  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 49  
(check only one)

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

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

**A.**

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

Mailing Address 12 Lewis

City Irvine State CA Zip Code 92620

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094200420113

Amount of Each Receipt this Period 70.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Traci Shelton

Mailing Address 2913 3rd. Street # 201

City Santa Monica State CA Zip Code 90405

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3140.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094200620113

Amount of Each Receipt this Period 380.00

P/R Deduction (\$190.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Steven Monaghan

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 ▼ 1020.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094200720113

Amount of Each Receipt this Period 120.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 570.00

**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 21 / 49  
(check only one)

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

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

**A.**

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

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 Chief Fin Off III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094202120113

Amount of Each Receipt this Period 40.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Marie Riter

Mailing Address 300 Beach Dr. N.E. Unit 2301

City St. Petersburg State FL Zip Code 33701

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 ▼ 425.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094202420113

Amount of Each Receipt this Period 50.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Julie Feasel

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 ▼ 255.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094203020113

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 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: PAGE 22 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles D Doten

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 ▼ 340.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094203620113

Amount of Each Receipt this Period 40.00

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

**B.**

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

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 ▼ 320.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094204320113

Amount of Each Receipt this Period 40.00

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

**C.**

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

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 ▼ 255.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1094204620113

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 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: PAGE 23 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City State Zip Code  
Ashburn VA 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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** PR1094205120113

Amount of Each Receipt this Period  
30.00

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

**B.**

Full Name (Last, First, Middle Initial)  
James J Novak

Mailing Address 9680 Ridgewalk Court

City State Zip Code  
Davie FL 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 ▼ 714.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** PR1094205320113

Amount of Each Receipt this Period  
84.00

P/R Deduction (\$42.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Sally I Hoffmann

Mailing Address 13713 Rothman Tate Place

City State Zip Code  
Riverview FL 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** PR1094205720113

Amount of Each Receipt this Period  
30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **144.00**

**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 24 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 Kindred Healthcare Inc. Occupation Sr VP-West Reg-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094210120113  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 8419 Oxford Woods Court

City State Zip Code  
Louisville KY 40222

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094210220113  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
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 Kindred Healthcare Inc. Occupation Area Executive Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1094211020113  
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 25 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna M Nackers	Date of Receipt 08 / 31 / 2010
	Mailing Address 1760 Waters Ferry Drive	<b>Transaction ID:</b> PR1094212520113
	City State Zip Code Lawrenceville GA 30043	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Reg Mgr Operation Reimb Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 255.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Celeste M Bentley	Date of Receipt 08 / 31 / 2010
	Mailing Address 4 Stuart Drive	<b>Transaction ID:</b> PR1094213320113
	City State Zip Code Barrington NH 03825	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Dir Reimb-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 255.00	P/R Deduction (\$15.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Lane M Bowen	Date of Receipt 08 / 31 / 2010
	Mailing Address 10966 Secret View Drive	<b>Transaction ID:</b> PR1094213620113
	City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HSD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 850.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<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 26 / 49

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael W Beal

Mailing Address 10 Glenwood Road

City State Zip Code  
Windham NH 03087

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094214120113

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Susan A Kesterson

Mailing Address 2334 Heritage Dr

City State Zip Code  
Corona CA 92882

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

Name of Employer Occupation  
Kindred Healthcare Inc. Reg Financial Ana

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094216220113

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Sylvia Burton

Mailing Address 433 S. Plantation

City State Zip Code  
Cookeville TN 38506

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

Name of Employer Occupation  
Kindred Healthcare Inc. Executive Dir III

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1094217620113

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: PAGE 27 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Angela Beth Sutton

Mailing Address 17460 Farmington Square Rd.

City State Zip Code  
Granger IN 46530

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

Name of Employer Regency Place Of South Bend  
Occupation Dist Dir Operations I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** PR1094218220113

Amount of Each Receipt this Period  
30.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mark S Pfeifer

Mailing Address 11014 Brave Ct.

City State Zip Code  
Indianapolis IN 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 ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** PR1094218420113

Amount of Each Receipt this Period  
40.00

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

**C.**

Full Name (Last, First, Middle Initial)  
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 Kindred Healthcare Inc.  
Occupation Dist Dir Operations I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** PR1094222120113

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: PAGE 28 / 49  
(check only one)

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

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

**A.**

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

Mailing Address 148 Cheyenne Road

City State Zip Code  
Shelbyville KY 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** PR1094224520113

Amount of Each Receipt this Period  
30.00

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

**B.**

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

Mailing Address 514 Locust Creek Blvd.

City State Zip Code  
Louisville KY 40245

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 397.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** PR1094224620113

Amount of Each Receipt this Period  
46.80

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

**C.**

Full Name (Last, First, Middle Initial)  
James E. Bell

Mailing Address 14213 Aiken Road

City State Zip Code  
Louisville KY 40245

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** PR1094225020113

Amount of Each Receipt this Period  
30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **106.80**

**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: PAGE 29 / 49  
(check only one)

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

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

**A.**

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

Mailing Address 3714 Fringe Tree Place

City State Zip Code  
Louisville KY 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** PR1094225820113

Amount of Each Receipt this Period  
30.00

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

**B.**

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

Mailing Address 6303 Deep Creek Drive

City State Zip Code  
Prospect KY 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** PR1094228020113

Amount of Each Receipt this Period  
30.00

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

**C.**

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

Mailing Address 7801 McCarthy Lane

City State Zip Code  
Louisville KY 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 ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** PR1094229120113

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 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 30 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Krein		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 3227 North 88th Street		<b>Transaction ID:</b> PR1094229820113
	City Mesa	State AZ	Zip Code 85207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP & Chief Med Off-HSD	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 ▼ 340.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia M McGillan		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 510 Altagate Rd		<b>Transaction ID:</b> PR1094229920113
	City Louisville	State KY	Zip Code 40206
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Pat Saf & Reg Compl-HD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara L Baylis		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 7212 Deer Ridge Road		<b>Transaction ID:</b> PR1094230020113
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Clin & Res Svcs-HSD	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 ▼ 340.00		

<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 31 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary J Yesue		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address P. O. Box 921		<b>Transaction ID:</b> PR1094232120113
	City York Harbor	State ME	Zip Code 03911
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Clin Ops	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 ▼ 255.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward J Goddard		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 32 Peters Lane		<b>Transaction ID:</b> PR1094233520113
	City Wrentham	State MA	Zip Code 02093
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation VP Labor Relations	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 ▼ 340.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey F Lockett		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 7701 Kendrick Crossing Lane		<b>Transaction ID:</b> PR1094234420113
	City Louisville	State KY	Zip Code 40291
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit-IS	P/R Deduction (\$22.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.00
<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 32 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter D Corless		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 3308 Overlook Ridge Rd		<b>Transaction ID:</b> PR1094235220113
	City Prospect	State KY	Zip Code 40059
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP HR & Admin-HSD	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Tamila Johnson-White		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2615 Zhale Smith Rd.		<b>Transaction ID:</b> PR1094235420113
	City LaGrange	State KY	Zip Code 40031
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Case Mgmt-HSD	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 ▼ 340.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas Roth		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 9891 Heytesbery		<b>Transaction ID:</b> PR1094237320113
	City Sandy	State UT	Zip Code 84092
	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 Finance-West RegHSD	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 ▼ 680.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<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 33 / 49  
(check only one)

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

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

**A.**

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

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-HSD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1094241220113

Amount of Each Receipt this Period 40.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Linda L Newberry-Ferguson

Mailing Address 11310 Haleco Lane

City Hales Corners State WI Zip Code 53130

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 ▼ 360.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1094241920113

Amount of Each Receipt this Period 60.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Diana Hanyak

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 Administrator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2010

Transaction ID: PR1094243420113

Amount of Each Receipt this Period 30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 49

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Philip L. Jones

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 ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR1094243520113

Amount of Each Receipt this Period

40.00

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

**B.**

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

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1575.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR1094246620113

Amount of Each Receipt this Period

200.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Steven Tanner

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 ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2010

Transaction ID: PR1094246820113

Amount of Each Receipt this Period

60.00

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

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

300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark A Bush	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 8200 Adams Run Road	<b>Transaction ID:</b> PR1094247120113
	City State Zip Code Louisville KY 40228	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Business Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Wood	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 2949 Glascock Street	<b>Transaction ID:</b> PR1094247220113
	City State Zip Code Oakland CA 94601	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gwynn Rucker	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 15106 59th Place NE	<b>Transaction ID:</b> PR1094247820113
	City State Zip Code Kenmore WA 98028	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	220.00
<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 36 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sharon J Spittle

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 Area Executive Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** PR1094250020113  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$10.00 Weekly)

**B.**

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

Mailing Address 5400 Farm Ridge Lane

City Prospect State KY Zip Code 40059

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

Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President-HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** PR1094250920113  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Peter J Adamo

Mailing Address 5105 Muirfield Dr

City Pepper Pike State OH Zip Code 44124

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 ▼ 270.00

Date of Receipt 08 / 31 / 2010  
**Transaction ID:** PR1105504520113  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steve Ross

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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** PR1135252620113

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Josephine Litzenberger

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 ▼ 306.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** PR1135286920113

Amount of Each Receipt this Period  
36.00

P/R Deduction (\$18.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Gregory T Hayden

Mailing Address 7207 Trail Ridge Court

City State Zip Code  
Louisville KY 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 ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

**Transaction ID:** PR1150400120113

Amount of Each Receipt this Period  
30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **126.00**

**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 38 / 49
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rachael L Parker		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 70 Birch Ridge Rd		<b>Transaction ID:</b> PR1150411120113
	City Westford	State VT	Zip Code 05494
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela M Bresee		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 4155 SW 192nd Avenue		<b>Transaction ID:</b> PR1227852420113
	City Aloha	State OR	Zip Code 97007
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 255.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Russell D Ragland		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 9902 Palace Green Way		<b>Transaction ID:</b> PR1267998120113
	City Vienna	State VA	Zip Code 22181
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Kindred Healthcare Inc.	Occupation Sr VP Fin-HSD	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 ▼ 850.00		

<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: PAGE 39 / 49

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Catherine Nurmela

Mailing Address 1409 W. Elmdale

City State Zip Code  
Chicago IL 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 ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1267998420113

Amount of Each Receipt this Period

45.00

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

**B.**

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

Mailing Address 399 Fountain Drive

City State Zip Code  
Elgin IL 60124

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

Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegHSD

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1281185320113

Amount of Each Receipt this Period

40.00

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

**C.**

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

Mailing Address 40 East Cedar Apt. #21A

City State Zip Code  
Chicago IL 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 ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1300206420113

Amount of Each Receipt this Period

45.00

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

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

130.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 49

(check only one)

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

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

**A.**

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

Mailing Address 200 Franck Avenue

City State Zip Code  
Louisville KY 40206

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 272.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1333437020113

Amount of Each Receipt this Period

32.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mark D. Johnson

Mailing Address 3011 Springcrest Drive

City State Zip Code  
Louisville KY 40241

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

Name of Employer Occupation  
Kindred Healthcare Inc. Mgr Desktop Supp

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1336786720113

Amount of Each Receipt this Period

30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Ann Bumb

Mailing Address 9301 S. Mitthoeffer Road

City State Zip Code  
Indianapolis IN 46259

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

Name of Employer Occupation  
Kindred Healthcare Inc. Dir Quality Mgmt

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1336786920113

Amount of Each Receipt this Period

45.00

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

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

107.00

**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 41 / 49

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Patrick Herm

Mailing Address 1910 Woodfield Road

City State Zip Code  
Louisville KY 40220

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 ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1336787120113

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Ross A Johnson

Mailing Address 5221 Moccasin Trail

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Inc.  
Occupation VP Recruiting-PRS

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1359729020113

Amount of Each Receipt this Period

50.00

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

**C.**

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

Mailing Address 1944 South 275 East

City State Zip Code  
Clearfield UT 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 ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR1394177120113

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 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: PAGE 42 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mary D Van De Kamp  
Mailing Address 251 Arbor Lane  
City Green Bay State WI Zip Code 54301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Clinical Ops-PRS  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1408953120113  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Pamela A. Justice  
Mailing Address 5912 Mercury Dr  
City Louisville State KY Zip Code 40291  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Fin Sys Dev  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1408953220113  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Deborah A Foushee  
Mailing Address 1106 Indiana Ave.  
City New Albany State IN Zip Code 47150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation State Dir of Risk Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 272.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1425258820113  
Amount of Each Receipt this Period 32.00  
P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 102.00  
**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 43 / 49  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Katherine W Gilchrist  
Mailing Address 1668 Victory Court  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Sr VP Finance-PRS  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1524244420113  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Linda Larson  
Mailing Address 30021 51st Court S  
City Auburn State WA Zip Code 98001  
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 ▼ 360.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1559851920113  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Christopher Murphy  
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-HSD  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 08 / 31 / 2010  
Transaction ID: PR1582894520113  
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: PAGE 44 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Mark Guth		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 28746 Little Big Horn Drive		<b>Transaction ID:</b> PR1604601520113
City Evergreen	State Zip Code CO 80439	
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 Dir Sales & MkningHSD	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 ▼ 255.00	

**B.**

Full Name (Last, First, Middle Initial) Mary Jane Dailey		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 10411 Loving Trail Drive		<b>Transaction ID:</b> PR1618127520113
City Frisco	State Zip Code TX 75035	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kindred Healthcare, Inc.	Occupation VP & CCO-East Reg-HD	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Lawson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 2385 Nutwood Place		<b>Transaction ID:</b> PR1618128720113
City Manteca	State Zip Code CA 95336	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer Kindred Healthcare Inc.	Occupation Chief Exec Off III	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<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 45 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Darrin Hull		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 277 Bark River Court		<b>Transaction ID:</b> PR1622380120113
	City Delafield	State WI	Zip Code 53018
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations 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 ▼ 340.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan D. Rose		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 3402 Acacia Avenue		<b>Transaction ID:</b> PR1622380220113
	City Shepherdsville	State KY	Zip Code 40165
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Kindred Healthcare Inc.	Occupation Dir Internal Audit	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 ▼ 255.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen O Moore		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 40 Main Street Apt. A		<b>Transaction ID:</b> PR1622380320113
	City Shelburne Falls	State MA	Zip Code 01370
	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 III	P/R Deduction (\$10.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<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 46 / 49  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Groezinger

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 ▼ 255.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1668092320113

Amount of Each Receipt this Period 30.00

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

**B.**

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

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 Dist Dir Operations I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1774751620113

Amount of Each Receipt this Period 80.00

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

**C.**

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

Mailing Address 6605 Heritage Hills Street

City Crestwood State KY Zip Code 40014

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR1774751820113

Amount of Each Receipt this Period 140.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7278.40</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 49

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Rand Paul Victory Kentucky <hr/> Mailing Address P.O. Box 1068 <hr/> City Frankport State KY Zip Code 40602 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 36063666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road, Suite <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 36397021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Snowe for Senate <hr/> Mailing Address P.O. Box 2012 <hr/> City Portland State ME Zip Code 04104 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Olympia J. Snowe <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 36397022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mike Crapo For U.S. Senate	Transaction ID: 36397023 Date of Disbursement																			
	Mailing Address P.O. Box 1948	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	1	0												
	City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Sen. Michael D. Crapo	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: ID District:	Contribution																			

B.	Full Name (Last, First, Middle Initial) Blumenauer For Congress	Transaction ID: 36397024 Date of Disbursement																			
	Mailing Address 830 Ne Holladay, #105	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	1	0												
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Rep. Earl Blumenauer	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: OR District: 03	Contribution																			

C.	Full Name (Last, First, Middle Initial) Majority Committee PAC - MC PAC	Transaction ID: 36397026 Date of Disbursement																			
	Mailing Address P.O. Box 10134	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	1	0												
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Majority Committee PAC - MC PAC	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	Contribution																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 49

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

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

A.	Full Name (Last, First, Middle Initial) Colorado Victory 2010		Transaction ID: 36401478	
	Mailing Address 120 Maryland Avenue, NE		Date of Disbursement 08 / 26 / 2010	
	City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement Contribution		011 Category/ Type	Contribution
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

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

3500.00

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

20500.00