

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		71255.22
(b) Cash on Hand at Beginning of Reporting Period.....	72398.23	
(c) Total Receipts (from Line 19)	20309.00	154952.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92707.23	226207.23
7. Total Disbursements (from Line 31).....	4500.00	138000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	88207.23	88207.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	17535.00	96418.30
(ii) Unitemized	2774.00	46644.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20309.00	143062.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20309.00	143062.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	9889.51
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20309.00	154952.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20309.00	154952.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	134000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2000.00	4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4500.00	138000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	138000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20309.00	143062.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20309.00	143062.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 48
<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. Jonathan Blum
Full Name (Last, First, Middle Initial)
Mailing Address 702 Shady Lane
City Louisville State KY Zip Code 40223-2248
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Board of Directors
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 02 / 2011
Transaction ID : 41982100
Amount of Each Receipt this Period 5000.00

B. John King
Full Name (Last, First, Middle Initial)
Mailing Address 642 South 2nd Street Apt. 511
City Louisville State KY Zip Code 40202-2438
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation Senior VP & CFO - Hospital Division
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 16 / 2011
Transaction ID : 42049520
Amount of Each Receipt this Period 5000.00

C. Roderick J Cowgill
Full Name (Last, First, Middle Initial)
Mailing Address 9103 Lantern Lite Pkwy
City Louisville State KY Zip Code 40220
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc Occupation VP Facilities Mgmt-HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094115422821
Amount of Each Receipt this Period 40.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 10040.00
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 7 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
Kindred Healthcare Inc. Sr Dir Fin Sys Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094183722821

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
B. 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 Occupation
Kindred Healthcare Inc. Chairman of the BOD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094183922821

Amount of Each Receipt this Period
200.00

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

Full Name (Last, First, Middle Initial)
C. 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 Occupation
Kindred Healthcare Inc. VP Financial Sys Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094185022821

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: PAGE 8 OF 48
(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. Lawrence I Wolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 N Winthrop Ave #3S
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Health Info Tech Strateg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094185122821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Katheryn J Markham
 Full Name (Last, First, Middle Initial)
 Mailing Address 10602 Taylor Farm Ct
 City Prospect State KY Zip Code 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Planning&FieldSvcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094185622821
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$45.00 Bi-Weekly)

C. Catherine A Goch
 Full Name (Last, First, Middle Initial)
 Mailing Address 14516 Clear Meadow Court
 City Louisville State KY Zip Code 40245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094185922821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Patrick J Gillenwater		Date of Receipt 09 / 30 / 2011 Transaction ID : PR1094186422821
Mailing Address 402 Erin Drive		Amount of Each Receipt this Period 35.00
City Jeffersonville	State IN	Zip Code 47130
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.50	

Full Name (Last, First, Middle Initial) B. William B Seibert		Date of Receipt 09 / 30 / 2011 Transaction ID : PR1094187422821
Mailing Address 4706 Wolfcreek Pkwy		Amount of Each Receipt this Period 60.00
City Louisville	State KY	Zip Code 40241
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) c. Charles Wardrip		Date of Receipt 09 / 30 / 2011 Transaction ID : PR1094187922821
Mailing Address 2805 Chestnut Ridge Place		Amount of Each Receipt this Period 70.00
City Louisville	State KY	Zip Code 40245
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP IS Ops & Telecomm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 48
(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. Stephen M Dobler
 Full Name (Last, First, Middle Initial)
 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 ▼ **855.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094188022821
 Amount of Each Receipt this Period
90.00
 P/R Deduction (\$45.00 Bi-Weekly)

B. Terry Carrico
 Full Name (Last, First, Middle Initial)
 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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094188222821
 Amount of Each Receipt this Period
40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Steven J Paynter
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Crestmoor Court
 City State Zip Code
 Prospect KY 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Tech Arch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094188422821
 Amount of Each Receipt this Period
40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
<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. Martin Ardron
Full Name (Last, First, Middle Initial)
Mailing Address 41 La Sierra Dr.
City Phillips Ranch State CA Zip Code 91766
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Div VP Hosp Rehab-PRS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **475.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094189122821
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$25.00 Bi-Weekly)

B. Michael Metzger
Full Name (Last, First, Middle Initial)
Mailing Address 129 Foley Rd
City West Point State VA Zip Code 23181
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 **285.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094189322821
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$15.00 Bi-Weekly)

C. Jan Turk
Full Name (Last, First, Middle Initial)
Mailing Address 1314 Amelia St.
City New Orleans State LA Zip Code 70115
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 **400.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094190022821
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 12 OF 48
<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. Larry Foster
Full Name (Last, First, Middle Initial)

Mailing Address 1134 W. Granville Avenue
Unit 815

City Chicago State IL Zip Code 60660

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1094190322821

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 22591 Covington Drive

City Deer Park State IL Zip Code 60010

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1094190422821

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 2448 Middle River Dr.

City Ft. Lauderdale State FL Zip Code 33305

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Director I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1094191322821

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 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 13 OF 48
<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. Sean R Muldoon
Full Name (Last, First, Middle Initial)
Mailing Address 239 Fairfax Avenue
City Louisville State KY Zip Code 40207
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR109419222821
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Deborah R Doddridge
Full Name (Last, First, Middle Initial)
Mailing Address 312 Hill Street NW
City Depauw State IN Zip Code 47115
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Dir Procure Sys & Capital
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094193022821
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Joel W Day
Full Name (Last, First, Middle Initial)
Mailing Address 2017 Spring Farms Drive
City Floyds Knobs State IN Zip Code 47119
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP & Controller-HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094193122821
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 290.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Susan Moss
Full Name (Last, First, Middle Initial)
Mailing Address 161 Westwind Road

City Louisville	State KY	Zip Code 40207
--------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation VP Crp Communications
---------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR1094193322821

Amount of Each Receipt this Period

80.00

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

B. Michael C Lozier
Full Name (Last, First, Middle Initial)
Mailing Address 7028 Westridge Forest Court

City Lanesville	State IN	Zip Code 47136
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR1094193722821

Amount of Each Receipt this Period

30.00

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

C. Charles Michael Grannan
Full Name (Last, First, Middle Initial)
Mailing Address 7109 Cannonade Court

City Prospect	State KY	Zip Code 40059
------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing
---------------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR1094193922821

Amount of Each Receipt this Period

70.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1791 Connor Station Road

City Simpsonville State KY Zip Code 40067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR1094194122821

Amount of Each Receipt this Period
70.00

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

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

Mailing Address 4308 Hampton Creek Drive

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR1094194222821

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 4678 Mount Eden Road

City Shelbyville State KY Zip Code 40065

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimb

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR1094194822821

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Michael J Bean
 Full Name (Last, First, Middle Initial)
 Mailing Address 941 Mallard Creek Road
 City Louisville State KY Zip Code 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Tax Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094195122821
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. Anne S Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 7420 Falls Ridge Ct.
 City Louisville State KY Zip Code 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 ▼ 687.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094195422821
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. Stephanie J Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 2169 Balmer-Fenwick Road
 City Floyds Knobs State IN Zip Code 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 ▼ 285.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094195722821
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14401 Broad Oak Place

City Louisville State KY Zip Code 40245

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1042.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094195922821

Amount of Each Receipt this Period 192.00

P/R Deduction (\$96.00 Bi-Weekly)

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

Mailing Address 6503 Chenoweth Run Road

City Louisville State KY Zip Code 40299

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094196022821

Amount of Each Receipt this Period 30.00

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

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

Mailing Address 1822 Casselberry Road

City Louisville State KY Zip Code 40205

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

Name of Employer Kindred Healthcare Inc. Occupation SVPCrpLegalAffairs&CrpSec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094196322821

Amount of Each Receipt this Period 120.00

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

SUBTOTAL of Receipts This Page (optional).....▶	342.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Arthur L Rothgerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 8325 Regency Woods Way
 City Louisville State KY Zip Code 40220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094196422821
 Amount of Each Receipt this Period 46.00
 P/R Deduction (\$23.00 Bi-Weekly)

B. Linda M O'Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Sylvan Way
 City Louisville State KY Zip Code 40205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VPPatient Care &Quality-H
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094196722821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Douglas Curnutte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 Springside Way
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Fac & Real Estate Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094197222821
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 48
<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. Brian L Caudill
Full Name (Last, First, Middle Initial)
Mailing Address 1647 Beechwood Avenue
City Louisville State KY Zip Code 40204
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 494.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094197322821
Amount of Each Receipt this Period 52.00
P/R Deduction (\$26.00 Bi-Weekly)

B. Mary R Russell
Full Name (Last, First, Middle Initial)
Mailing Address 7300 Wood Rock Rd
City Louisville State KY Zip Code 40291
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Accounting-NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094197622821
Amount of Each Receipt this Period 44.00
P/R Deduction (\$22.00 Bi-Weekly)

C. William M Altman
Full Name (Last, First, Middle Initial)
Mailing Address 9103 Lexington Lane
City Louisville State KY Zip Code 40241
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVPStrategy&PublicPolicy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094198022821
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 480.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bobby V Bas
 Full Name (Last, First, Middle Initial)
 Bobby V Bas
 Mailing Address 2084 Wind River Road
 City El Cajon State CA Zip Code 92019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Radiology Technologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR1094198322821
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. J. Harold Walker
 Full Name (Last, First, Middle Initial)
 J. Harold Walker
 Mailing Address 429 Freedom Trail
 City Sparta State TN Zip Code 38583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Operations II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR1094200122821
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Michael Comer
 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 ▼ 665.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : PR1094200422821
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 145.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 508 W. Melrose #7-A

City Chicago State IL Zip Code 60657

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1290.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR109420072821

Amount of Each Receipt this Period **270.00**

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

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

Mailing Address 4730 Dunnie Drive

City Tampa State FL Zip Code 33614

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

Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR109420212821

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 6211 Iroquios Ct.

City Odessa State FL Zip Code 33556

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR109420302821

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 22 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles D Doten
 Full Name (Last, First, Middle Initial)
 Mailing Address 7644 Harbour Blvd.
 City Miramar State FL Zip Code 33023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094203622821
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Timothy L Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Pioneer Trail
 City Green Cove Springs State FL Zip Code 32043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Executive Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094204322821
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. James D Thigpen
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Woolsey Brooks Rd.
 City Fayetteville State GA Zip Code 30215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir Plant Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094204622821
 Amount of Each Receipt this Period 45.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2075 E. Tivoli Hills Drive

City State Zip Code
Draper UT 84020

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1094210122821

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 16450 Chalet Circle

City State Zip Code
Westerfield IN 46074

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1094210222821

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 3512 Raytee Drive

City State Zip Code
Chesapeake VA 23323

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

Name of Employer Occupation
Kindred Healthcare Inc. Market Executive Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1094211022821

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **140.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1760 Waters Ferry Drive

City Lawrenceville State GA Zip Code 30043

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1094212522821

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 3204 Eagle Avenue

City Key West State FL Zip Code 33040

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1094213322821

Amount of Each Receipt this Period **30.00**

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

C. Lane M Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 10966 Secret View Drive

City Sandy State UT Zip Code 84092

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1094213622821

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$50.00 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 26 OF 48
(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. Michael W Beal
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Glenwood Road
 City Windham State NH Zip Code 03087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP-East Reg-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094214122821
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. Susan A Kesterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2334 Heritage Dr
 City Corona State CA Zip Code 92882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094216222821
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

C. Sylvia Burton
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 S. Plantation
 City Cookeville State TN Zip Code 38506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094217622821
 Amount of Each Receipt this Period **45.00**
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **115.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Angela Beth Sutton
Full Name (Last, First, Middle Initial)
Mailing Address 17460 Farmington Square Rd.
City Granger State IN Zip Code 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 **270.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094218222821
Amount of Each Receipt this Period **15.00**
P/R Deduction (\$15.00 Bi-Weekly)

B. Mark S Pfeifer
Full Name (Last, First, Middle Initial)
Mailing Address 11014 Brave Ct.
City Indianapolis State IN Zip Code 46236
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094218422821
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. Gloria J Miller
Full Name (Last, First, Middle Initial)
Mailing Address 100 Village Circle Way # 1104
City Durham State NC Zip Code 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 **380.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1094222122821
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **95.00**
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 28 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ronald D Long
 Full Name (Last, First, Middle Initial)
 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 ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094224522821
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. Stephen F. Stoess
 Full Name (Last, First, Middle Initial)
 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 ▼ 444.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094224622821
 Amount of Each Receipt this Period 46.80
 P/R Deduction (\$23.40 Bi-Weekly)

C. James E. Bell
 Full Name (Last, First, Middle Initial)
 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 ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094225022821
 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 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3714 Fringe Tree Place

City Louisville State KY Zip Code 40241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1094225822821

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 6303 Deep Creek Drive

City Prospect State KY Zip Code 40059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1094228022821

Amount of Each Receipt this Period **30.00**

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

C. Mary W Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Vista Verde Lane SW

City Tumwater State WA Zip Code 98512

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

Name of Employer Kindred Healthcare Inc. Occupation Clinical Impl Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1094228422821

Amount of Each Receipt this Period **30.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 48
<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. Charles K. Currens
 Full Name (Last, First, Middle Initial)
 Mailing Address 7801 McCarthy Lane
 City Louisville State KY Zip Code 40222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir IS Prod Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094229122821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Keith Krein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 North 88th Street
 City Mesa State AZ Zip Code 85207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP & Chief Med Off-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094229822821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patricia M McGillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Altagate Rd
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094229922821
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7212 Deer Ridge Road

City Prospect State KY Zip Code 40059

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR1094230022821

Amount of Each Receipt this Period
40.00

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

B. Mary J Yesue
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 921

City York Harbor State ME Zip Code 03911

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

Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clin Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR1094232122821

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093

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

Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : PR1094233522821

Amount of Each Receipt this Period
80.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey F Lockett
 Full Name (Last, First, Middle Initial)
 Mailing Address 7701 Kendrick Crossing Lane
 City Louisville State KY Zip Code 40291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir Internal Audit-IS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094234422821
 Amount of Each Receipt this Period 44.00
 P/R Deduction (\$22.00 Bi-Weekly)

B. Peter D Corless
 Full Name (Last, First, Middle Initial)
 Mailing Address 3308 Overlook Ridge Rd
 City Prospect State KY Zip Code 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP HR & Admin-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094235222821
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. Tamila Johnson-White
 Full Name (Last, First, Middle Initial)
 Mailing Address 2615 Zhale Smith Rd.
 City LaGrange State KY Zip Code 40031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir Case Mgmt-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1094235422821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 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 33 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Douglas Roth		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR1094237322821
Mailing Address 9891 Heytesbery		Amount of Each Receipt this Period 80.00
City Sandy	State UT	Zip Code 84092
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation VP Finance-West RegNCD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Douglas T Collins		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR1094241222821
Mailing Address 3703 River Bluff Road		Amount of Each Receipt this Period 40.00
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Dir Fin Sys-NCD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Linda L Newberry-Ferguson		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : PR1094241922821
Mailing Address 11310 Haleco Lane		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 17057 Rosebud Dr.

City Yorba Linda State CA Zip Code 92886

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

Name of Employer Kindred Healthcare Inc. Occupation Administrator II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : PR1094243422821

Amount of Each Receipt this Period
45.00

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

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

Mailing Address 702 Helmsdale Place N.

City Brentwood State TN Zip Code 37027

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : PR1094243522821

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 14 Westwind Road

City Louisville State KY Zip Code 40207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : PR1094246622821

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	305.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven Tanner		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 1059 Mt Vernon Dr		Transaction ID : PR1094246822821
City Greenwood	State IN	Zip Code 46142
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir III	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Thomas Wood		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 2949 Glascock Street		Transaction ID : PR1094247222821
City Oakland	State CA	Zip Code 94601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00	
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dist Dir Operations	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.00	

Full Name (Last, First, Middle Initial) C. Gwynn Rucker		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 15106 59th Place NE		Transaction ID : PR1094247822821
City Kenmore	State WA	Zip Code 98028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations I	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 ▼ 570.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 Executive Dir II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094250022821

Amount of Each Receipt this Period
40.00

P/R Deduction (\$10.00 Weekly)

Full Name (Last, First, Middle Initial)
B. 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 Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3653.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1094250922821

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 35069 Roberts Lane

City St Helens State OR Zip Code 97051

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : PR1135252622821

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **464.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Josephine Litzenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 11401 Dr. M.L.K. Jr. Street N.
 Apt 1201
 City St Petersburg State FL Zip Code 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 ▼ **342.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1135286922821
 Amount of Each Receipt this Period **36.00**
 P/R Deduction (\$18.00 Bi-Weekly)

B. Gregory T Hayden
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Trail Ridge Court
 City Louisville State KY Zip Code 40241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1150400122821
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Bi-Weekly)

C. Rachael L Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Birch Ridge Rd
 City Westford State VT Zip Code 05494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : PR1150411122821
 Amount of Each Receipt this Period **50.00**
 P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	116.00
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 38 OF 48
(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. Pamela M Bresee
 Full Name (Last, First, Middle Initial)
 Mailing Address 4155 SW 192nd Avenue
 City Aloha State OR Zip Code 97007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Reg Financial Ana
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1227852422821
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. Russell D Ragland
 Full Name (Last, First, Middle Initial)
 Mailing Address 9902 Palace Green Way
 City Vienna State VA Zip Code 22181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr VP Fin-NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1267998122821
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. Catherine Nurmela
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 W. Elmdale
 City Chicago State IL Zip Code 60660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1267998422821
 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: (check only one)	PAGE 39 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Donna Sroczyński
 Full Name (Last, First, Middle Initial)
 Mailing Address 399 Fountain Drive
 City Elgin State IL Zip Code 60124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Clin Ops-CentralRegNCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1281185322821
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Diane L. Otteman
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 East Cedar Apt. #21A
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Exec Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1300206422821
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. Rita D Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Franck Avenue
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Ops Risk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1333437022821
 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: (check only one)	PAGE 40 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3011 Springcrest Drive

City Louisville State KY Zip Code 40241

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Desktop Supp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1336786722821

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 11004 Fox Moore Court

City Louisville State KY Zip Code 40223

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 ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1336787122821

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 1944 South 275 East

City Clearfield State UT Zip Code 84015

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

Name of Employer Kindred Healthcare Inc Occupation Reg Mgr Operation Reimb

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1394177122821

Amount of Each Receipt this Period **30.00**

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

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

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

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

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

FOR LINE NUMBER: PAGE 41 OF 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mary D Van De Kamp

Mailing Address 251 Arbor Lane

City State Zip Code
Green Bay WI 54301

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

Name of Employer Occupation
Kindred Healthcare Inc. Sr VP Clinical Ops-PRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1408953122821

Amount of Each Receipt this Period
30.00

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

Full Name (Last, First, Middle Initial)
B. Pamela A. Justice

Mailing Address 5912 Mercury Dr

City State Zip Code
Louisville KY 40291

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1408953222821

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. Katherine W Gilchrist

Mailing Address 1668 Victory Court

City State Zip Code
Prospect KY 40059

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

Name of Employer Occupation
Kindred Healthcare Inc. Sr VP Finance-PRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt
09 / 30 / 2011
Transaction ID : PR1524244422821

Amount of Each Receipt this Period
100.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Murphy		Date of Receipt
Mailing Address 17108 Deercrossing Trail		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Fisherville	KY	40023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Kindred Healthcare Inc.	Sr VP-Central Reg-NCD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mark Guth		Date of Receipt
Mailing Address 28746 Little Big Horn Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Evergreen	CO	80439
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Kindred Healthcare Inc.	Reg Dir Sales & MktingNCD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mary Jane Dailey		Date of Receipt
Mailing Address 10411 Loving Trail Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Frisco	TX	75035
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Kindred Healthcare, Inc.	VP & CCOSoWest Reg-HD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1900.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael Lawson
Full Name (Last, First, Middle Initial)
Mailing Address 2385 Nutwood Place

City Manteca	State CA	Zip Code 95336
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR1618128722821

Amount of Each Receipt this Period

105.00

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

B. Darrin Hull
Full Name (Last, First, Middle Initial)
Mailing Address 277 Bark River Court

City Delafield	State WI	Zip Code 53018
-------------------	-------------	-------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Dist Dir Operations II
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR1622380122821

Amount of Each Receipt this Period

40.00

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

C. Susan D. Rose
Full Name (Last, First, Middle Initial)
Mailing Address 3402 Acacia Avenue

City Shepherdsville	State KY	Zip Code 40165
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : PR1622380222821

Amount of Each Receipt this Period

30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Groezinger		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 25537 Jane Street		Transaction ID : PR166809232821
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	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Michelle Mullen		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 24840 Kennedy Ridge Rd		Transaction ID : PR1774751222821
City North Olmsted	State OH	Zip Code 44070
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare Inc.	Occupation Chief Clinical Off II	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Jeff Hoehn		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 5912 N. Shoreland Avenue		Transaction ID : PR1774751622821
City Milwaukee	State WI	Zip Code 53217
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare	Occupation Executive Dir II	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12004 Log Cabin Lane

City Louisville State KY Zip Code 40223

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

Name of Employer Kindred Healthcare Occupation Dir Customer Supp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1784229522821

Amount of Each Receipt this Period **44.00**

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

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

Mailing Address 2710 Pikes Peak Boulevard

City Louisville State KY Zip Code 40214

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1784230722821

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 3 September Lane

City Burlington State MA Zip Code 01803

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

Name of Employer Kindred Healthcare Occupation Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1784230822821

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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 46 OF 48
<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. Carol Faló
Full Name (Last, First, Middle Initial)
Mailing Address 7041 Clubview Dr
City Bridgeville State PA Zip Code 15017
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation Chief Clinical Off II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1784231522821
Amount of Each Receipt this Period 60.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Barry Somervell
Full Name (Last, First, Middle Initial)
Mailing Address 339 Gillette Drive
City Franklin State TN Zip Code 37069
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVP Sales & Bus Dev NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1835833722821
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Laura Hoffpauir
Full Name (Last, First, Middle Initial)
Mailing Address 1805 Pintail Pkwy
City Euless State TX Zip Code 76039-2181
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Executive Dir II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR1887633322821
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	17535.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Berkley For Senate

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Contribution

Candidate Name

Rep. Shelley Berkley

Office Sought: House
 Senate
 President
State: NV District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 42045915

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Yarmuth For Congress

Mailing Address 1819 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Contribution

Candidate Name

Rep. John A. Yarmuth

Office Sought: House
 Senate
 President
State: KY District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2011

Transaction ID : 42203777

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2500.00

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Beshear/Abramson 2011

Mailing Address PO Box 4227

City Frankfort State KY Zip Code 40604

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41999274

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Beshear/Abramson 2011

Mailing Address PO Box 4227

City Frankfort State KY Zip Code 40604

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 41999309

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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