

**CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT**

State of Nevada

Kindred Healthcare Inc. PAC

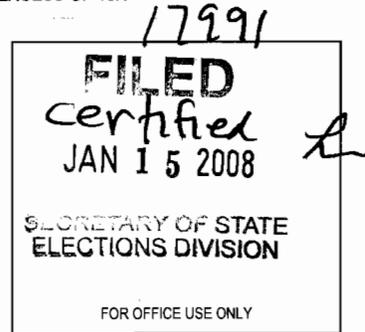
Name (print) Kindred Healthcare Inc. PAC Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 680 South Fourth Street, Louisville, KY 40202 502-596-7300  
 Mailing Address (include city and zip code) \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Select Appropriate Box(es)  CANDIDATE  PAC  BAG  POL PRTY  IND EXP  NONPROFIT CORP  
 AMENDED  ANNUAL FILING  PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- Annual Filing - Due January 15, 2007**  
Period: January 1, 2006 – December 31, 2006
- Report #1 — Due March 27, 2007\***  
Period: Jan. 1, 2007 — March 22, 2007
- Report #2 Due — May 29, 2007\***  
Period: Mar. 23, 2007 — May 24, 2007
- Report #3 Due — July 15, 2007\***  
Period: May 25, 2007 — June 30, 2007

- Annual Filing – Due January 15, 2008**  
\*Period: July 1, 2007 – December 31, 2007  
\*\*Period: Jan. 1, 2007 – December 31, 2007



\* These Reports are filed by incumbents/candidates running for office in the 2007 election cycle  
 \*\* These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of \$100; or (2) have money left over from a previous campaign

**CONTRIBUTIONS SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	\$1,080.00	\$1,080.00
2. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)	\$0.00	\$0.00
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	\$0.00	\$0.00
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	\$0.00	\$0.00
<b>5. Total Amount of Monetary Contributions Received</b> (Add Lines 1 through 4) (See page 2 of instruction sheet)	<b>\$1,080.00</b>	<b>\$1,080.00</b>
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	\$0.00	\$0.00
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	\$0.00	\$0.00

**EXPENSES SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	\$ 1,000.00	\$ 1,000.00
9. Total Monetary Expenses Paid of \$100 or Less (See page 2 of instruction sheet)	\$0.00	\$0.00
10. Total Amount of All Monetary Expenses Paid (Add Lines 8 and 9) (See page 2 of instruction sheet)	\$ 1,000.00	\$ 1,000.00
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	\$0.00	\$0.00
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15 <sup>th</sup> day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)		

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Frank Robinson

Date 1/15/2008



Kindred Healthcare Inc. PAC

Name (print)

Office (if applicable)

District (if applicable)

**Expense Categories**

<b>CATEGORIES</b>	<b>CODE</b>
Office expenses	<b>A</b>
Expenses related to volunteers	<b>B</b>
Expenses related to travel	<b>C</b>
Expenses related to advertising	<b>D</b>
Expenses related to paid staff	<b>E</b>
Expenses related to consultants	<b>F</b>
Expenses related to polling	<b>G</b>
Expenses related to special events	<b>H</b>
** Goods and services provided in kind for which money would otherwise have been paid	<b>I</b>
Other miscellaneous expenses	<b>J</b>

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Kindred Healthcare Inc. PAC

Name (print)

Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100  
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Nevada Hospital Association Health PAC 5250 Neil Road Reno, NV 89502	J	8/17/2007	\$1,000.00
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		
	J		

This page may be copied or duplicated if additional space is needed.