

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Kindred Healthcare Inc. PAC

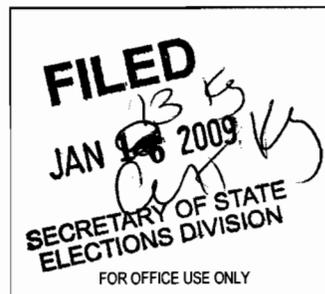
Name (print) Kindred Healthcare Inc. PAC Office (if applicable) _____ District (if applicable) _____
 680 South Fourth Street, Louisville, KY 40202 502-596-7300
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address _____

Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED

21124

- Annual Filing - Due January 15, 2008
Period: January 1, 2007 - December 31, 2007
- Report #1 - Due August 5, 2008*
Period: Jan. 1, 2008 - July 31, 2008
- Report #2 Due - October 28, 2008*
Period: Aug. 1, 2008 - Oct. 23, 2008
- Report #3 Due - January 15, 2009**
Period: Oct. 24, 2008 - Dec. 31, 2008
- Annual Filing - Due January 15, 2009
Period: January 1, 2008 - December 31, 2008



* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

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)	\$ 50.00	\$ 540.00
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
5. Total Amount of Monetary Contributions Received (Add Lines 1 through 4) (See page 2 of instruction sheet)	\$ 50.00	\$ 540.00
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

8. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00
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 th 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.

Hand Robinson

1/16/09

Signature

Date

