Image#	20161	1309037	585020
--------	-------	---------	--------

FEC FORM 3X

11/30/2016 15 : 10

PAGE 1 / 39

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Use Onl	у
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		nple: If typir the lines.	ng, type	12FE4M	5	
Kindred Healthcare, Ir	ic. PAC						1
ADDRESS (number and street)	680 S. Fourth St.						<u> </u>
Check if different than previously reported. (ACC)					KY	40202	
2. FEC IDENTIFICATION N		CITY 🔺		S		ZIP (CODE 🔺
C C00242271		3. IS THIS REPORT	~	JEW N) OR	(A)	/IENDED)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report (C	(C) 12-Day		Primary (12P	')	General	(12G)	Runoff (12R)
Quarterly Report (0	Q2) PRE-Electio Report for t		Convention (12C)	Special ((12S)	
Quarterly Report (C	23)		M M /	D D /	Y Y Y Y	in th	e
January 31 Year-End Report ((E) E	Election on				State	e of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Elect Report for t		General (300	à)	Runoff (3	30R)	Special (30S)
Termination Report (TER)		Election on	11 /	D D / 08	y y y y 2016	in th State	
5. Covering Period		016	through	M M 11	/ D D / 28	2016	Y
I certify that I have examined the	nis Report and to the be Sierpina, Raymond, ,	est of my know	vledge and b	pelief it is true	e, correct and	d complete.	
Type or Print Name of Treasure		,					
Signature of Treasurer	pina, Raymond, , ,		[Electronically	p Filed] Da	ate 11	/ D D 30	/ Y Y Y Y 2016
NOTE: Submission of false, erron	eous, or incomplete infor	mation may sub	pject the pers	son signing th	is Report to th	he penalties of	52 U.S.C. § 30109
Office Use Only						FEC FC Rev. 0	

X

iina	ge# 201011303031303021		
	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
ł	Kindred Healthcare, Inc. PAC		
R	eport Covering the Period: From:	10 / D D / Y Y Y Y 20 / 2016	To: 11 28 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		147536.57
	(b) Cash on Hand at Beginning of Reporting Period	92312.97	
	(c) Total Receipts (from Line 19)	11108.20	139335.14
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	103421.17	286871.71
7.	Total Disbursements (from Line 31)	10000.00	193450.54
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93421.17	93421.17
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	Da	ooi	nte
UI	Re	CEI	pis

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: 10	20 2016 To): <u>11</u> <u>28</u> <u>2016</u>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	10126.20	91159.10
(ii) Unitemized	982.00	26225.50
(iii) TOTAL (add		447204.00
Lines 11(a)(i) and (ii)	11108.20	117384.60
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	11108-20	117384.60
Totals to Line 33, page 5)▶	11108.20	117304.00
Transfers From Affiliated/Other		00000.00
Party Committees	0.00	20000.00
Г	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	-77	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	1950.54
Refunds of Contributions Made	47. 47. 48.	4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	47. 47. 48.	4
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	44. 44. 44.	
(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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	11108.20	139335.14
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	11108.20	139335.14

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
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	1950.54		
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	0.00	1950.54		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	187500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
		0.00		
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00			
Than Political Committees	0.00	0.00		
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)		4000.00		
Federal Election Activity (52 U.S.C. § 30101	(20))	4000.00		
(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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	193450.54		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	10000.00	193450.54		

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

				11108.20
	-7		-7	
				0.00
	-7		-7-	
				11108.20
	7		- 7	
				0.00
	7		-7	
				0.00
-	7		-7	0.00
				0.00
	-7-		-7-	

	1				117384.60
	4	-7		-7	117304.00
	1				
		-		-	0.00
					447004.00
- L- L-		-		-	117384.60
					1950.54
	4	-7	1	-7	1000.04
					1950.54
		-7		-7-	1930.34
-	1				0.00
1		-7-	 	-7-	

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page	×	11a 13		11b		11c 15	12		17	
	y information copied from such Reports and State				or the		pose (oliciting	contr	ibutio	ons	
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	ame and ad	uress or any political committee	; 10 SO	ncit co	I I IT ID	Jutions	5 110	III SUCH		mitte	ت .	
A.	Full Name of Individual (Last, First, Middle Initial) Stephenson II, John, R, ,	ganization Name	[Date o	f Re	eceipt							
	Mailing Address 1111 Cliffwood Drive				11 28 2016								
	City Goshen	State KY	Zip Code 40026-9589						R10941 ceipt thi				
	FEC ID number of contributing federal political committee.	С			ouri						30.00)	
	Name of Employer (for Individual) Kindred Healthcare Inc.		pation (for Individual) acilities Mgmt HD		М	emo	o Item	ı					
	Receipt For: Primary General Other (specify) ▼	y General Aggregate Teal-to-Date V					ion (\$1	10.00) Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initial) Windhorst, David, R, ,) or Full Or	ganization Name		Date of Receipt								
	Mailing Address 2000 Spring Farms Road	1			M M / D D / Y Y Y Y 11 28 2016								
	City Floyds Knobs	State IN	Zip Code 47119-9722						R10941 ceipt thi				
	FEC ID number of contributing federal political committee.	С			120.00								
	Name of Employer (for Individual) Kindred Healthcare Inc.		pation (for Individual) inancial Systems Dev		М	emo	o Item	ı					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 960.00	P/	'R Ded	uctio	on (\$4	10.00) Bi-We	ekly)			
c.	Full Name of Individual (Last, First, Middle Initial) Frappier Neff, Mary Jane, , ,) or Full Or	ganization Name		Date o	f Re	eceipt						
	Mailing Address 713 N. Indian River Drive				M M 11		a second	28		2016	6		
	City Cocoa	State FL	Zip Code 32922-7529						R10941 ceipt thi				
	FEC ID number of contributing federal political committee.	С					y		y	:	30.00)	
	Name of Employer (for Individual) Kindred Healthcare Inc.		pation (for Individual) Reg IS		M	emo	o Item	ı					
	Receipt For: Primary General Other (specify)					P/R Deduction (\$10.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)						,		,	18	80.00)	
т	OTAL This Period (last page this line number onl	y)	•••••						-		4		

	U			
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 39 (check only one) I1a 11b 11c 12 I 11a 11b 11c 12 I 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
<u> </u>	Full Name of Individual (Last, First, Middle Initi McReynolds Jr., Dan R, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 113 Crabapple Lane			11 28 / Y Y Y Y 2016
	City Louisville	State KY	Zip Code 40245-6017	Transaction ID : PR1094185751138 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Dir Fin Systems Dev	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initi Gooch, Catherine, A, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 14516 Clear Meadow Court		1	11 28 2016
	City Louisville	State KY	Zip Code 40245-5264	Transaction ID : PR1094185951138 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) P Fin Systems Devlp	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initi Gillenwater, Patrick, J, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 402 Erin Drive	State	Zip Code	11 28 2016 Transaction ID : PR1094186451138
	Jeffersonville	IN	47130-5290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		52.50
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) ir IS Administration	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 420.00	P/R Deduction (\$17.50 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			142.50

SUBTOTAL of Receipts This Page (optional)							14	2.50)
				9		7		_	
	E				 		 		1
TOTAL This Period (last page this line number only)	L			-	 	_	 	-	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)			LINE	PAGE	-	8	OF	_			
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page		×	11a 13		11b 14		11c 15		12 16	Γ	
	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)												

\rangle	Kindred Healthcare, Inc. PAC	

V				
Α.	Full Name of Individual (Last, First, Middle Ini Wardrip, Charles, , ,	rganization Name	Date of Receipt	
	Mailing Address 2805 Chestnut Ridge Place			M M / D D / Y Y Y Y 11 28 2016
	City	State	Zip Code	Transaction ID : PR1094187951138
	Louisville	KY	40245-5307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		165.00
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	Kindred Healthcare Inc.	Chie	of Information Officer	-
	Receipt For:			-
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$55.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Ini Dobler, Stephen, M, ,	Date of Receipt		
	Mailing Address 1106 Holly Springs Drive	11 28 2016		
	City	State	Zip Code	Transaction ID : PR1094188051138
	Louisville	KY	40242-7771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		315.00
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Finance Admin & HR	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2460.00	P/R Deduction (\$105.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Ini Rhodes, William, R, ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 11303 Vista Greens Drive			11 / 28 / Y Y Y Y 11 28 2016
	City	State	Zip Code	Transaction ID : PR1094188951138
	Louisville	KY	40241-3443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) t Technical Architect	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

39

SUBTOTAL of Receipts This Page (optional)		9			9	51	0.00	
	1	 1	1	1	1.1	 1	1.1	_
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	(che	R LINE eck only 11a 13	 b	F 11	1c) OF 12 16	-
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and								
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC								

Full Name of Individual (Last, First, Mido	lle Initial) or Full Or	rganization Name	
Billingsley, Linn, , ,			Date of Receipt
Mailing Address PO Box 122	11 28 2016		
City	State	Zip Code	Transaction ID : PR1094189851138
Blue Diamond	NV	89004-0122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
Kindred Healthcare Inc.	DVP	Integrated Market	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name of Individual (Last, First, Mido Turk, Jan, , ,	lle Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 1314 Amelia St.			11 28 2016
City	State	Zip Code	Transaction ID : PR1094190051138
New Orleans	LA	70115-3617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) ource CEO HD	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Mido Foster, Larry, , ,	lle Initial) or Full Or	rganization Name	Date of Receipt
Mailing Address 1134 W. Granville Aven Unit 815	ue		11 / 28 / Y Y Y Y 2016
City	State	Zip Code	Transaction ID : PR1094190351138
Chicago	IL	60660-5049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Kindred Healthcare Inc.		ipation (for Individual) f Executive Off III	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 575.00	P/R Deduction (\$25.00 Bi-Weekly)
	1		

39

17

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

	EIVIIZED RECEIPIS		Detailed Summary Page	¥ 11a 11b 11c 12							
			Detailed Summary Page								
	for commercial purposes, other than using th			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Α.	Full Name of Individual (Last, First, Middle In Muldoon, Sean, R, ,	nitial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4300 Talahi Way			11 / D D / Y Y Y Y 128 2016							
	City Louisville	State KY	Zip Code 40207-1661	Transaction ID : PR1094192251138							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) 9 & Chief Med Off HD	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4560.00	P/R Deduction (\$190.00 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle In Day, Joel, W, ,	nitial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2017 Spring Farms Drive			M M / D D / Y Y Y Y 11 28 2016							
	City Floyds Knobs	State IN	Zip Code 47119-9723	Transaction ID : PR1094193151138 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	120.00									
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) P Operations CFO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle In Moss, Susan, , ,	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 161 Westwind Road			11 / D D / Y Y Y Y 28 2016							
	City Louisville	State KY	Zip Code 40207-1545	Transaction ID : PR1094193351138							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Kindred Healthcare Inc.										
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$40.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			810.00							
Т	OTAL 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 11 OF 39 (check only one) ************************************
Any information copied from such Reports and S or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name of Individual (Last, First, Middle Ini A. Lozier, Michael, C, ,	itial) or Full C	organization Name	Date of Receipt
Mailing Address 7028 Westridge Forest Court			11 28 2016
City	State	Zip Code	Transaction ID : PR1094193751138
Lanesville	IN	47136-9468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		48.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Kindred Healthcare Inc.		Dir Purch Contract Adm	
Receipt For:	-		
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$16.00 Bi-Weekly)
Other (specify) ▼		372.00	T / C Deduction (\$10.00 Di-Weekly)
		4F 4F 1	-
Full Name of Individual (Last, First, Middle Ini B. Grannan, Charles Michael, , ,	itial) or Full C	Prganization Name	Date of Receipt
Mailing Address 7109 Cannonade Court			
3 Jan 19 Carnonado Codir			11 28 2016
City	State	Zip Code	Transaction ID : PR1094193951138
Prospect	KY	40059-9332	Amount of Each Receipt this Period
·	-		
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Purchasing	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		840.00	P/R Deduction (\$35.00 Bi-Weekly)
		, , , , , , , , , , , , , , , , , , , ,	1
Full Name of Individual (Last, First, Middle Ini C. Riedl, Susan, P, ,	itial) or Full C	organization Name	Date of Receipt
Mailing Address 8914 Lippincott Road			11 28 2016
City	State	Zip Code	Transaction ID : PR1094194451138
Louisville	KY	40222-5670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
Kindred Healthcare Inc.		Dir Reimbursement NCD	-
Receipt For:			—
Primary General	Aggregate Year-to-Date ▼		D/D Doduction (\$40.00 Di Mastella)
Other (specify)		240.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			183.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Lise separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	y not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Α.	Full Name of Individual (Last, First, Middle Initi Bean, Michael, J, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 4304 Hill Top Road			11 / D D / Y Y Y Y 11 28 2016
	City Louisville	State KY	Zip Code 40207-2222	Transaction ID : PR1094195151138
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Kindred Healthcare Inc.	VP T	āx	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initi Black, Peggy, , ,	ial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 1607 Helmridge Court			11 28 2016
	City	State	Zip Code	Transaction ID : PR1094195351138
	Louisville	KY	40222-3918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Kindred Healthcare Inc.		ipation (for Individual) c Asst to Chair & BOD	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Woods, Anne, S, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 7420 Falls Ridge Ct.			M M / D D / Y Y Y Y Y 11 28 2016
	City	State KY	Zip Code	Transaction ID : PR1094195451138
	Louisville	N T	40241-6400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		165.00
	Name of Employer (for Individual) Kindred Healthcare Inc.		pation (for Individual) hternal Audit	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1320.00	P/R Deduction (\$55.00 Bi-Weekly)
⊢	UBTOTAL of Receipts This Page (optional)			315.00

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

39

IТ.		Use separate schedule(s)			(C	(check only one)							
11		for each category of the Detailed Summary Page				X 11a 13		11b	11c		12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements m name and a	nay n addre	ot be sold or used by any pe ess of any political committee	ersor	n for the	pui phtril	pose of	soliciting	g cor h cor	ntributi	ons	
	NAME OF COMMITTEE (In Full)												
$ \rangle$	Kindred Healthcare, Inc. PAC												
<u>/</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Orgai	nization Name									
Α.	Lucchese, John, , ,					Date o	of Re	eceipt					
	Mailing Address 14401 Broad Oak Place					M N	/	28	/ Y)16	Y	
	City	State		Zip Code		Tran	sact	tion ID :	PR1094	1959	51138	3	
	Louisville	KY		40245-5136	_	Amour	nt of	Each R	eceipt th	nis P	eriod		
	FEC ID number of contributing	С									288.0	0	
	federal political committee.	U						-y		-			
	Name of Employer (for Individual)	Occ	cupat	tion (for Individual)		N	lem	o Item					
	Kindred Healthcare Inc.	SVI	P & (Chief Accting Off									
	Receipt For: Primary General	Aggregate	e Yea	ur-to-Date 🔻									
	Other (specify) V			2304.00		P/R De	duct	ion (\$96.	00 Bi-W	eekly)		
			7	45 46									
_	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Orgai	nization Name		_							
В.	Michels, Rose, M, ,				_	Date o			_				
	Mailing Address 6503 Chenoweth Run Road					11		28	/ Y	20	16	Y	
	City	State		Zip Code		Tran	sact	ion ID :	PR1094	1960	51138		
	Louisville	KY		40299-5147					eceipt th				
	FEC ID number of contributing federal political committee.	С									45.0	0	
	Name of Employer (for Individual) Kindred Healthcare Inc.		•	tion (for Individual) ax Compliance		N	1em	o Item					
	Receipt For:	Aggregate	e Yea	ur-to-Date ▼									
	Primary General			360.00		P/R Dec	ducti	on (\$15.	00 Bi-W	eekly)		
	Other (specify)	<u> </u>	,	, 300.00									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Landenwich, Joseph, , ,	al) or Full C	Orgai	nization Name		Date o	of Re	eceipt					
	Mailing Address 1822 Casselberry Road					M	/	D D	/ Y	Y	Y	Y	
		Chata		Zin Onde		11	4	28			16		
	City Louisville	State KY		Zip Code 40205-1632					PR1094			5	
	FEC ID number of contributing		-			Amour			eceipt ti			_	
	federal political committee.	C				<u>_</u>		9	9		180.0	0	
	Name of Employer (for Individual)	Occ	cupat	tion (for Individual)		Ν	/lem	o Item					
	Kindred Healthcare Inc.	Ger	n Co	unsel & Corp Sec									
	Receipt For: Primary General	Aggregate	e Yea	ur-to-Date ▼									
	Other (specify)			1440.00		P/R De	duct	ion (\$60	.00 Bi-W	еекіу	")		
s	UBTOTAL of Receipts This Page (optional)			••••••				,	9		513.0	0	
т	OTAL This Period (last page this line number c	only)			-			-	-				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER: Use separate schedule(s)

ITEMIZED RECEIPTS			(ch	check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	1	2 6 [17
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
$\langle \rangle$	Kindred Healthcare, Inc. PAC										
Α.	Full Name of Individual (Last, First, Middle Init O'Bryan, Linda, M, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 1409 Mockingbird Terrace Driv Unit 203	/e			м м 11	/	28	/ Y	y 201	ү ү 6	
	City Louisville	State KY	Zip Code 40207-1372					PR1094 eceipt tl			
	FEC ID number of contributing federal political committee.	С								60.00)
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Patient Care & Qual HD		М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P	P/R Ded	lucti	on (\$20.	00 Bi-W	eekly)		
B	Full Name of Individual (Last, First, Middle Init Blain, Karen, R, ,	ial) or Full O	rganization Name		Date o	f Re	eceint				
υ.	Mailing Address 9708 Northridge Dr				11 ^M		28	/ Y	201	ү ү 6	
	City	State	Zip Code		Trans	act	ion ID :	PR1094	19705 [.]	1138	
	Louisville	KY	40272-2947	_	Amoun	t of	Each R	eceipt tl	nis Pei	riod	
	FEC ID number of contributing federal political committee.	С					-y 1			30.00)
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Programmer Analyst		М	emo	o Item				
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		240.00	P	P/R Ded	ucti	on (\$10.	00 Bi-W	eekly)		
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Curnutte, Douglas, , ,	ial) or Full O	rganization Name		Date o	f Re	eceipt				
	Mailing Address 1014 Springside Way				^M 11	1	28	/ Y	201		
	City Louisville	State KY	Zip Code 40223-3786					PR1094			
			40223-3780	_	Amoun	t of	Each R	eceipt tl	nis Pei	riod	
	FEC ID number of contributing federal political committee.	С			Ľ.		y			45.00	
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Corporate Devlp		M	lem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	F	P/R Dec	lucti	ion (\$15	.00 Bi-W	eekly)		
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			-			9	5	1	35.00)

PAGE 14 OF

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use sep for each Detailed
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	
NAME OF COMMITTEE (In Full)	

FOR LINE NUMBER: parate schedule(s)

			(ch	(check only one)							
11			3	* 11a 13		1b	11c 15	12	Г	17	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any p ddress of any political committee	erson e to s	for the	purpo	se of so	oliciting	contri	butio	ns
	NAME OF COMMITTEE (In Full)										
	Kindred Healthcare, Inc. PAC										
Α.	Full Name of Individual (Last, First, Middle Init Caudill, Brian, L, ,	ial) or Full O	rganization Name		Date of	Rece	eipt				
	Mailing Address 1647 Beechwood Avenue				11 ^M	1	28	/ Y	2016]
	City Louisville	State KY	Zip Code 40204-1321	_	Trans Amount		i ID : Pl ach Rec				
	FEC ID number of contributing federal political committee.	С				-,		-95-	7	78.00	
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo It	em				
	Kindred Healthcare Inc.	Sr D	ir HD Reimb								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		624.00	1 1	P/R Ded	uction	(\$26.00) Bi-We	ekly)		
	Other (specify) v										
B.	Full Name of Individual (Last, First, Middle Init Altman, William, M, ,	ial) or Full O	rganization Name		Date of	Rece	eipt				
	Mailing Address 9103 Lexington Lane				M M 11	/	28	/ Y	2016]
	City	State	Zip Code		Trans	action	D ID : PF	R10941	98051	138	
	Louisville	KY	40241-2423		Amount	of Ea	ach Rec	ceipt thi	is Peri	od	
	FEC ID number of contributing federal political committee.	С						Ţ	57	76.90	
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) StrategyPolicy&IntCare		M	emo It	em				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 4615.20] ^F	P/R Deduction (\$192.30 Bi-Weekly)						
<u> </u>	Full Name of Individual (Last, First, Middle Init Feasel, Julie, , ,	ial) or Full Oi	rganization Name		Date of	Rece	eipt				
	Mailing Address 6211 Iroquios Ct.				M M 11	1	D D D 28	/ Y	2016]
	City	State	Zip Code		Trans	actior	n ID : P	R10942	203051	138	
	Odessa	FL	33556-3325	_	Amount	of Ea	ach Rec	ceipt thi	is Peri	od	
	FEC ID number of contributing federal political committee.	С				9		y	4	15.00	
	Name of Employer (for Individual) Kindred Healthcare Inc.	Occu DVP	ipation (for Individual) HD		M	emo It	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00	יונ	P/R Ded	uction	(\$15.00) Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		,		y	69	99.90	
т	OTAL This Period (last page this line number of	only)				-,		-		-	

PAGE 15 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

39

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
				rson for the purpose of soliciting contributors from such commit	
NAME OF COMMITTI	· · · ·				
A. Simpson, Timothy,		or Full Orç	ganization Name	Date of Receipt	
Mailing Address 2924	-			11 / D D / Y Y Y 2016	
City Green Cove Springs		State FL	Zip Code 32043-8329	Transaction ID : PR109420435113	
·		-		Amount of Each Receipt this Period	1
FEC ID number of co federal political comm	ů.			60.	.00
Name of Employer (for	or Individual)	Occup	pation (for Individual)	Memo Item	
Kindred Healthcare Inc	2.	DVP	HD		
Receipt For: Primary Other (specify)	General	ggregate Y	/ear-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)	
	al (Last, First, Middle Initial) d	or Full Org	ganization Name		
B. Barnard, Sharon				Date of Receipt	
Mailing Address 1937				11 / D D / Y Y Y 2016	Y
City Green Cove Springs		State FL	Zip Code 32043-4811	Transaction ID : PR109420485113	
			32043-4611	Amount of Each Receipt this Period]
FEC ID number of co federal political comm	Ű.			30.	.00
Name of Employer (for Kindred Healthcare Inc			pation (for Individual) /orkforce Mgmt HD	Memo Item	
Receipt For:	Ag	gregate Y	′ear-to-Date ▼		
Other (specify)	General	4	240.00	P/R Deduction (\$10.00 Bi-Weekly)	
Full Name of Individua C. Jackson, E. Jar	al (Last, First, Middle Initial) o	or Full Orç	ganization Name	Date of Receipt	
Mailing Address 4317				11 / D D / Y Y Y 2016	Ŷ
City		State	Zip Code	Transaction ID : PR109420515113	38
Ashburn		VA	20147-3722	Amount of Each Receipt this Period	í
FEC ID number of co federal political comm	ů.			45.	.00
Name of Employer (fo	or Individual)	Occup	pation (for Individual)	Memo Item	
Kindred Healthcare Ind	0.	Sr Dir	Bus Implementation		
Receipt For:		gregate Y	'ear-to-Date ▼		
Other (specify)	General		360.00	P/R Deduction (\$15.00 Bi-Weekly)	
SUBTOTAL of Receipts	This Page (optional)		····· •	135.	00

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

SCHEDULE A (FEC Form 3X))	[FOR LINE NUMBER: PAGE 17 OF 39								
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
		Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using the			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
Full Name of Individual (Last, First, Middle I	Initial) or Full C	Prognization Name									
A. Tillery, Anita, , ,			Date of Receipt								
Mailing Address 3512 Raytee Drive			11 / 28 / Y Y Y Y 2016								
City	State VA	Zip Code	Transaction ID : PR1094211051138								
Chesapeake	VA	23323-1232	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Kindred Healthcare Inc.	Exe	cutive Dir II									
Receipt For:	Aggregate	Year-to-Date V									
Other (apositic)		460.00	P/R Deduction (\$20.00 Bi-Weekly)								
Other (specify) v											
Full Name of Individual (Last, First, Middle I	Initial) or Full C	rganization Name									
B. Nackers, Donna, M, ,	,		Date of Receipt								
Mailing Address 1760 Waters Ferry Drive			11 28 / Y Y Y Y Y 2016								
City	State	Zip Code	Transaction ID : PR1094212551138								
Lawrenceville	GA	30043-3176	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		45.00								
Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) r Operational Reimb	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		360.00	P/R Deduction (\$15.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. Beal, Michael, W, ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 5518 Merribrook Lane		1	11 / D D / Y Y Y Y Y 28 2016								
City Prospect	State KY	Zip Code 40059-7622	Transaction ID : PR1094214151138								
i		40039-7022	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		60.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Kindred Healthcare Inc. Receipt For:		sident NCD	_								
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)								
Other (specify)		480.00									
SUBTOTAL of Receipts This Page (optional)			165.00								

				-			-		-	
TOTAL This Device (lost need this line number only)										
TOTAL This Period (last page this line number only)	(11 A	1	1.1	app.	1.1	1.0	-	

SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

39

				Detailed Summary Page		X 11a		11	1b	-	11c		12			
			Ľ			13		14	4		15		16	17		
	information copied from such Reports and Sta or commercial purposes, other than using the r															
\ \	VAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC															
	Full Name of Individual (Last, First, Middle Initia Butenko, Julie, , ,	al) or Full O	rgar	nization Name		Date of	Re	ece	ipt							
ſ	Aailing Address 1835 Franklin Street # 303					M M 11	1	Γ	D D D 28	1	/ Y) 16	Y		
	City San Francisco	State CA		Zip Code 94109-3455	Transaction ID : PR1094216951138 Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С			60.00											
	Name of Employer (for Individual) Kindred Healthcare, Inc	Occu DVF	•	ion (for Individual) D	Memo Item											
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 480.00		P/R Ded	ucti	on	(\$20.	00	Bi-We	ekly)			
В.	Full Name of Individual (Last, First, Middle Initia Rogers, James, N., ,	al) or Full O	rgar	nization Name		Date of	Re	ece	ipt							
1	Nailing Address 147 Deepspring Drive				11 / 28 / Y Y Y Y 2016											
	Dity Bardstown	State KY		Zip Code 40004-9169	_	Trans Amount						-		3		
	EC ID number of contributing ederal political committee.	С					-			-		30.0	00			
	Name of Employer (for Individual) (indred Healthcare Inc.		•	ion (for Individual) lin Systems Devlp	Memo Item											
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00		P/R Ded	uctio	on	(\$10.0	00 E	Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initia Bell, James, E., ,	al) or Full O	rgar	nization Name		Date of	Re	ece	ipt							
ľ	Aailing Address 14213 Aiken Road					^M 11	/	ſ	D D D 28	1	/ Y	y 20	16 [°]	Y		
	Dity Louisville	State KY		Zip Code 40245-4631	_	Trans Amount					10942 eipt thi			8		
	EC ID number of contributing ederal political committee.	С						,			y		45.0	00		
I	Name of Employer (for Individual) Kindred Healthcare Inc.		•	ion (for Individual) v Reimb HD		М	emo	o It	em							
ł	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 360.00		P/R Ded	ucti	ion	(\$15.	.00	Bi-We	ekly	')			
SU	BTOTAL of Receipts This Page (optional)			••••••							,		135.0	0		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 39 (check only one) Image: state sta											
				13 14 15 16 17 erson for the purpose of soliciting contributions											
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	to solicit contributions from such committee.											
	Kindred Healthcare, Inc. PAC														
Α.	Full Name of Individual (Last, First, Middle Ini McGillan, Patricia, M, ,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 510 Altagate Rd			M M / D D / Y Y Y Y 11 28 2016											
	City	State	Zip Code	Transaction ID : PR1094229951138											
	Louisville	KY	40206-2969	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		90.00											
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item											
	Kindred Healthcare Inc.	VP	& Chief Counsel NCD												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		720.00	P/R Deduction (\$30.00 Bi-Weekly)											
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name												
В.	Kalmey, Pete, , ,			Date of Receipt											
	Mailing Address 3502 Hedgewick Place			11 28 2016											
	City	State	Zip Code	Transaction ID : PR1094232051138											
	Louisville	KY	40245-8497	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		45.00											
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) sident-HD	Memo Item											
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify)		360.00	P/R Deduction (\$15.00 Bi-Weekly)											
			, , , , , , , , , , , , , , , , , , , ,	1											
с.	Full Name of Individual (Last, First, Middle Ini Worcester, Janet, L, ,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 2703 Juniper Drive			11 / D D / Y Y Y Y 2016											
	City Glenn Heights	State TX	Zip Code 75154-2113	Transaction ID : PR1094232251138											
	FEC ID number of contributing			Amount of Each Receipt this Period											
	federal political committee.	C		30.00											
	Name of Employer (for Individual)		upation (for Individual)	Memo Item											
	Kindred Healthcare Inc. Receipt For:		Dir Clinical Ops	_											
	Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$10.00 Bi-Weekly)											
	Other (specify)		240.00												

SUBTOTAL of Receipts This Page (optional)							9		16	85.00)
TOTAL This Period (last page this line number only)	Γ									-	
		-	_		_	_		_	-	-	and in the

	age# 201011309037365039																
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(ch	R LINE			PAG	E 20 O	F 39							
•••			Detailed Summary Page	×	11a		11b	11c	12	<u> </u>							
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)																
	Kindred Healthcare, Inc. PAC																
Α.		itial) or Full O	Organization Name		Date of Receipt												
	Mailing Address 32 Peters Lane	01-1-	Zie Octo		11 / D D / Y Y Y Y 28 / 2016												
	City Wrentham	State MA	Zip Code 02093-1036						R1094233551138 ceipt this Period								
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		60.0	00							
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Labor Relations		N	lemo	Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)													
В.	Full Name of Individual (Last, First, Middle In Tate, David, B, ,	itial) or Full O	Organization Name		Date c	of Re	ceipt										
	Mailing Address 2529 West 11170 South	Ctata	Zin Code		11 N	/	28		2016	Y							
	City South Jordan	State UT	Zip Code 84095-2713		Transaction ID : PR10942345511 Amount of Each Receipt this Perio												
	FEC ID number of contributing federal political committee.	С			30.0	00											
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) P Rehab KRS		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P	P/R Dec	luctio	on (\$10	.00 Bi-We	ekly)								
C.	Full Name of Individual (Last, First, Middle In Johnson-White, Tamila, , ,	itial) or Full O	Organization Name		Date c	of Re	ceipt										
	Mailing Address 2615 Zhale Smith Rd.	01-1-	7.0.0.1		11		28		2016								
	City Lagrange	State KY	Zip Code 40031-8098						23545113 is Period	8							
	FEC ID number of contributing federal political committee.	С			60.0	00											
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) Case Management NCD		N	lemo	Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 460.00		P/R Dec	ductio	on (\$20	0.00 Bi-W	eekly)								

SUBTOTAL of Receipts This Page (optional)	L		9		9		50.00	0
TOTAL This Period (last page this line number only)	Γ	i.	-		-		-	

L

	-														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 39 (check only one) Image: state										
	y information copied from such Reports and Sta for commercial purposes, other than using the				erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC														
<u> </u>	Full Name of Individual (Last, First, Middle Initi Bohnert, Lester, , ,	al) or Full C	Orgai	nization Name	Date of Receipt										
	Mailing Address 2259 N. Pennsylvania Street				11 28 2016										
	City	State		Zip Code	Transaction ID : PR1094235751138										
	Indianapolis	IN		46205-4341	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	Memo Item										
	Kindred Healthcare Inc.		•	egrated Market											
	Receipt For: Primary General Other (specify) ▼			r-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Drgai	nization Name											
В.	Cote, Susan, , ,				Date of Receipt										
	Mailing Address 24 Adams Court				11 / D D / Y Y Y Y 2016										
	City	State		Zip Code	Transaction ID : PR1094242451138										
	Brewer	ME		04412-1213	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) Kindred Healthcare Inc.			tion (for Individual) Cycle Mgmnt Field	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initi Newman, Brian, , ,	al) or Full C	Drgar	nization Name	Date of Receipt										
	Mailing Address 953 Francis Avenue	01-1-			11 28 2016										
	City Bexley	State OH		Zip Code 43209-2419	Transaction ID : PR1094243351138										
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 60.00										
	Name of Employer (for Individual) Kindred Healthcare Inc.		•	ion (for Individual) sisted Living Fac	Memo Item										
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Primary General Other (specify)		-	480.00	P/R Deduction (\$20.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			••••••	. 120.00										

Г			 		 	
TOTAL This Period (last page this line number only)	 	apr.	 	-	 	-

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 22 OF

Any info			'	Detailed Summary Page		× 11a 13	\vdash	11		11c	- I	12					
Any info						10		14	-	15		16	1				
	mation copied from such Reports and mmercial purposes, other than using t												ions				
\	E OF COMMITTEE (In Full)																
Kin	dred Healthcare, Inc. PAC																
	lame of Individual (Last, First, Middle I pina, Raymond, J, ,	Initial) or Full O		Date of	Re	ecei	pt										
Mailin	g Address 14 Westwind Road					M M 11	1	Г	28	/		016	Y				
City		State		Zip Code	Transaction ID : PR1094246651138												
Louis	ville	KY		40207-1519	Amount of Each Receipt this Period												
	ID number of contributing al political committee.	С			300.00												
	of Employer (for Individual) ed Healthcare Inc.		•	ion (for Individual) b Pol & Gov Affairs	Memo Item												
Recei	pt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		-	2400.00		P/R Ded	uctio	on	(\$100	.00 Bi-	Weel	kly)					
	lame of Individual (Last, First, Middle I ner, Steven, , ,	Initial) or Full O	Orgar	nization Name		Date of	Re	ecei	pt								
Mailin	g Address 1059 Mt Vernon Dr			-		M M 11	/		28) 016	Y				
City		State		Zip Code		Trans	acti	ion	ID : F	PR1094	1246	85113	3				
Gree	nwood	IN		46142-4718	Amount of Each Receipt this Period												
	ID number of contributing al political committee.	С				60.00											
	e of Employer (for Individual) ed Healthcare Inc.		•	tion (for Individual) Executive Dir	Memo Item												
Recei	pt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 460.00		P/R Ded	uctio	on ((\$20.0)0 Bi-W	/eekl	y)					
	lame of Individual (Last, First, Middle I cker, Gwynn, , ,	Initial) or Full O	Orgar	nization Name		Date of	Re	ecei	pt								
Mailin	g Address 13005 81st Ave Ct E					M M 11	1	Г	28	1		016 [°]	Ŷ				
City		State		Zip Code		Trans	act	ion	ID :	PR109	4247	85113	8				
Puya	llup	WA		98373-7722		Amount	of	Ea	ch Re	eceipt 1	his F	Period					
	ID number of contributing al political committee.	С						9		,		90.	00				
Name	of Employer (for Individual)	Occi	upat	ion (for Individual)		M	emo	o Ite	em								
	ed Healthcare Inc.	DVP	•	(
Recei	pt For:	Agareaate	Yea	r-to-Date ▼													
	Primary General Other (specify)		-	720.00		P/R Ded	ucti	on	(\$30.0	00 Bi-V	/eekl	y)					
SUBTO	TAL of Receipts This Page (optional)			•••••	•	<u> </u>		9				450.0	00				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 39										
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Breier, Benjamin, A, ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 5718 Harrods Glen Drive			M M / D D / Y Y Y Y 11 28 2016										
	City	State	Zip Code	Transaction ID : PR1094250951138										
	Prospect	KY	40059-7644	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		576.90										
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
	Kindred Healthcare Inc.	Chi	ef Executive Officer											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		4045.00	P/R Deduction (\$192.30 Bi-Weekly)										
	Other (specify) v		4615.20											
_	Full Name of Individual (Last, First, Middle Initi	al) or Full (Incanization Name											
В.	Ward, Krista, J, ,		nganization Name	Date of Receipt										
	Mailing Address 4541 Southern Parkway													
		11 28 2016												
	City	State	Transaction ID : PR1094251051138											
	Louisville	KY	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) P Accounts Payable	Memo Item										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	33 - 3		P/R Deduction (\$10.00 Bi-Weekly)										
	Other (specify) v		, 240.00											
c.	Full Name of Individual (Last, First, Middle Initi Moody, Michael, L., ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 10606 Taylor Farm Ct	-		11 / D D / Y Y Y Y 2016										
	City	State KY	Zip Code 40059-9580	Transaction ID : PR1135243751138										
	Prospect		40059-9580	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		120.00										
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) P Business Devlp	Memo Item										
	Receipt For:	1	Year-to-Date ▼	-										
	Primary General	Aggregate		P/R Deduction (\$40.00 Bi-Weekly)										
	Other (specify)		960.00											
s	UBTOTAL of Receipts This Page (optional)			726.90										

	г	1.1	 	 		 		
TOTAL This Period (last page this line number only)			-	 	-		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

	MIZED RECEIPTS	for each category of the Detailed Summary Page					11a		1	1b [1	1c		12						
							13		1.	4	1	5		16	17					
Any i or for	nformation copied from such Reports and Str commercial purposes, other than using the	atements ma name and a	ay n addre	ot be sold or used by any peess of any political committee	erson to s	fo Sol	or the icit co	pur ntrit	rpo outi	se of ions	solic from	iting sucl		ntribu mmit	tions ee					
N/	AME OF COMMITTEE (In Full)																			
) к	indred Healthcare, Inc. PAC																			
Fu A. _L	ll Name of Individual (Last, First, Middle Initi itzenberger, Josephine, , ,	al) or Full O	Orgar	nization Name			Date c	of Re	ece	eipt										
Ma	ailing Address 11401 Dr. M.L.K. Jr. Street N.					ľ	M N	/		D	5 /	Y	Y	Y	Y					
	Apt 1201					l	11		I.	28			20	016						
Ci	-	State FL		Zip Code	Transaction ID : PR1135286951138															
	St Petersburg FL 33716-2313									Amount of Each Receipt this Period										
	C ID number of contributing deral political committee.	С				l			,			<u> </u>		54.	00					
	ame of Employer (for Individual)		•	ion (for Individual)			N	lemo	o It	tem										
	ndred Healthcare Inc.	Sr C	Cnslt	Mgd Care Contrac																
Re	eceipt For: Primary General	Aggregate	Yea	r-to-Date ▼							_									
_	Other (specify) ▼		P/	'R Deo	ducti	ion	(\$18	.00 B	i-We	ekly	/)									
	II Name of Individual (Last, First, Middle Initi layden, Gregory, T, ,	al) or Full O	Orgar	nization Name			Date c	of Re	ece	eipt										
Ma	ailing Address 11542 Independence Way				11 28 / Y Y Y Y 2016															
Cit	ty	State		Zip Code		ľ	Trans	sact	ior	ו D :	PR1	1504	001	5113	8					
Se	ellersburg	IN		47172-9582			Amour													
	C ID number of contributing deral political committee.	С				45.00														
	ame of Employer (for Individual) ndred Healthcare Inc.			ion (for Individual) e Tax		Memo Item														
Re	eceipt For:	Aggregate	Yea	r-to-Date ▼	7															
_	Primary General Other (specify) ▼		,	360.00	F	P/R Deduction (\$15.00 Bi-Weekly)														
	II Name of Individual (Last, First, Middle Initi /iers, Julie, A, ,	al) or Full O	Orgar	nization Name			Date c	of Re	ece	eipt										
Ma	ailing Address 9508 Corinthian Dr					l	^M 11	/		D 28		Y)16 [°]	Y					
Ci		State		Zip Code		_	Tran	sact	tio	n ID :	PR1	1504	400	55113	8					
Lo	ouisville	KY		40299-3459		A	Amour	t of	Ea	ach F	lecei	pt th	is P	eriod						
	C ID number of contributing deral political committee.	С				Į	_		y			9		225.	00					
Na	ame of Employer (for Individual)	Occi	upat	ion (for Individual)			N	lem	o li	tem										
	ndred Healthcare Inc.		•	st Controller		1														
Re	eceipt For:	Aggregate	Yea	r-to-Date ▼																
	Primary General Other (specify)		-7-	955.00		P/	/R Deo	ducti	ion	(\$75	.00 B	i-W€	ekly	y)						
SUB	TOTAL of Receipts This Page (optional)			•					,			1		324.	00					
тот	AL This Period (last page this line number o	nly)		•••••	-	ĺ			,			,								

PAGE 24 OF

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 39 (check only one)										
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee											
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PA	C											
Full Name of Individual (Last, First, Middl Bresee, Pamela, M, ,	e Initial) or Full Organization Name	Date of Receipt										
Mailing Address 4155 SW 192nd Avenue		11 / D D / Y Y Y Y Y 11 28 2016										
City Aloha	StateZip CodeOR97007-1424	Transaction ID : PR1227852451138 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	45.00										
Name of Employer (for Individual) Kindred Healthcare Inc.	Occupation (for Individual) Div Dir Finance Oper Supp	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$15.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middl Livengood, Larry, , ,	le Initial) or Full Organization Name	Date of Receipt										
Mailing Address 1219 Pilot Lane		M M / D D / Y Y Y Y 11 28 2016										
City Galveston	State Zip Code TX 77554-9345	Transaction ID : PR1267996751138 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer (for Individual) Kindred Healthcare Inc.	Occupation (for Individual) District Dir HR	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middl C. Jordan, Loretta, R, ,	e Initial) or Full Organization Name	Date of Receipt										
Mailing Address 4006 Rock Bay Drive		11 / 28 / 2016										
City Louisville	StateZip CodeKY40245-7461	Transaction ID : PR1267997751138 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer (for Individual) Kindred Healthcare Inc.	Occupation (for Individual) Sr Dir Fin Systems Dev	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)										
	nber only)	105.00										

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

39

			Detailed Summary Page					11b		11c		12					
<u> </u>						13		14		15		16	17				
	y information copied from such Reports and S for commercial purposes, other than using the																
\setminus	NAME OF COMMITTEE (In Full)																
	Kindred Healthcare, Inc. PAC																
Α.	Full Name of Individual (Last, First, Middle Ini Nurmela, Catherine, , ,	tial) or Full C	Orga	nization Name		Date o	f Re	eceipt									
	Mailing Address 1409 W. Elmdale Ave Apt 1W					11 ^M	/	D 2	28	/ Y) 016	Y				
	City	Zip Code	Transaction ID : PR1267998451138														
	Chicago	60660-2405	Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С			45.00												
	Name of Employer (for Individual) Kindred Healthcare Inc.		M	emo	ltem												
	Receipt For:	Aggregate	Yea	ur-to-Date ▼													
	Primary General Other (specify) ▼	P	/R Dec	lucti	on (\$1	5.0	00 Bi-We	ekly	/)								
в.	Full Name of Individual (Last, First, Middle Ini Mathews, Jane, , ,	tial) or Full C	Orga	nization Name		Date o	f Re	eceipt									
	Mailing Address 464 E. Cynthia Way				M M / D D / Y												
	City	State		Zip Code		Trans	acti	ion ID) : F	PR13002	073	5113	3				
	North Salt Lake	UT		84054-1763	/	Amoun	t of	Each	Re	eceipt th	is F	Period					
	FEC ID number of contributing federal political committee.	С			30.00												
	Name of Employer (for Individual) Kindred Healthcare Inc.		upa P HI	tion (for Individual) R		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 240.00	P	/R Ded	uctio	on (\$1	0.0)0 Bi-We	ekly	()					
<u></u>	Full Name of Individual (Last, First, Middle Ini Johnson, Mark, D., ,	tial) or Full C	Orga	nization Name		Date o	f Re	eceipt									
	Mailing Address 3011 Springcrest Drive					^M 11	/		28	/ Y)16 [°]	Y				
	City	State		Zip Code		Trans	sact	ion IC):F	PR13367	7867	75113	8				
	Louisville	KY		40241-2755	_ '	Amoun	t of	Each	Re	eceipt th	is F	Period					
	FEC ID number of contributing federal political committee.	С						,		,		45.0	00				
	Name of Employer (for Individual) Kindred Healthcare Inc.		•	tion (for Individual) stomer Support		N	emo	b Item	I								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 360.00	P	/R Dec	lucti	on (\$′	15.0	00 Bi-We	ekl	y)					
	UBTOTAL of Receipts This Page (optional)			•	-		-	J				120.0	00				

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 OF 39									
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▲ 11a 11b 13 14 15 16 17									
Any information copied from such Reports and a or for commercial purposes, other than using th												
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC												
Full Name of Individual (Last, First, Middle Ir A. Schmidt, Lisa, J, ,	nitial) or Full C	Organization Name	Date of Receipt									
Mailing Address 7840 Broad Run Road			11 28 2016									
City	State	Zip Code	Transaction ID : PR1346288251138									
Louisville	KY	40291-3718	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item									
Kindred Healthcare Inc.		Financial Systems Dev	-									
Receipt For:		Year-to-Date ▼										
Primary General	Aggregate		P/R Deduction (\$10.00 Bi-Weekly)									
Other (specify) 🔻		240.00										
			*									
Full Name of Individual (Last, First, Middle Ir B. Van De Kamp, Mary, D, ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 251 Arbor Lane			M M / D D / Y Y Y Y 11 28 2016									
City	State	Zip Code	Transaction ID : PR1408953151138									
Green Bay	WI	54301-1655	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		45.00									
Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) P Quality	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		, 360.00	P/R Deduction (\$15.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir C. Adams, Pamela, A., ,	itial) or Full C	Organization Name	Date of Receipt									
Mailing Address 6616 Sycamore Bend Trace			11 28 2016									
City	State	Zip Code	Transaction ID : PR1408953251138									
Louisville	KY	40291-3780	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual)	0.0	upation (for Individual)	Memo Item									
Kindred Healthcare Inc.		P Fin Systems Devlp										
Receipt For:	· · · ·	Year-to-Date ▼	—									
Primary General	Aggregate		P/R Deduction (\$20.00 Bi-Weekly)									
Other (specify)		480.00										
SUBTOTAL of Receipts This Page (optional)	1		135.00									

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

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	5

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

39

			Detailed Summary Page					-	1b	_	11c		12				
An	y information copied from such Reports and S	tatemente m	<u> </u>	at be cold or used by any n	arson	13 for the		_	4		15 icitina		16 htribut	17 ione			
	for commercial purposes, other than using the																
$\overline{)}$	NAME OF COMMITTEE (In Full)																
/	Kindred Healthcare, Inc. PAC																
	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Orga	nization Name		. .											
۹.	Blevens, Juanita, D, , Mailing Address 1712 Penile Road				_	Date o		ece	•		_			_			
	Maining Address 1712 Penne Road					11		/	28	')16	Y			
	City	State		Zip Code	Transaction ID : PR1541444251138												
	Louisville	KY		40272-2116	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			30.00												
	Name of Employer (for Individual)		N	lemo	οI	tem											
	Kindred Healthcare Inc.																
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼			240.00	F	/R De	ducti	ion	n (\$10.0	00 E	Bi-We	ekly	')				
			7		J												
	Full Name of Individual (Last, First, Middle Init Weaver, Marilyn, , ,	tial) or Full C	Orga	nization Name		Date o	of Re	ece	eipt								
	Mailing Address 1700 Penile Rd				M M / D D / Y Y Y Y Y												
	<u></u>		11		l	28			20	16							
	City Valley Station	State KY		Zip Code 40272-2180	-				n ID : I					3			
	FEC ID number of contributing		-	40212 2100		Amour			ach Re	ece	ipt thi	SP	enou	_			
	federal political committee.	С			30.00												
	Name of Employer (for Individual) Kindred Healthcare		•	tion (for Individual) nsure & Cert		Memo Item											
	Receipt For:	Aggregate	Yea	r-to-Date ▼	7												
	Primary General Other (specify) ▼		,	240.00	P	/R Deo	lucti	ion	ı (\$10.0	00 E	3i-Wee	ekly)				
	Full Name of Individual (Last, First, Middle Init Dailey, Mary Jane, , ,	tial) or Full C	Orga	nization Name		Date o	of Ba	000	aint								
	Mailing Address 10411 Loving Trail Drive					11 Date t		/	28	1	Y	20	ү 16	Y			
	City	State		Zip Code		Tran	sact	tio	n ID :	PR	16181	275	5113	3			
	Frisco	TX		75035-8181		Amour	nt of	E	ach Re	ece	ipt thi	s P	eriod				
	FEC ID number of contributing federal political committee.	С						y			y		300.0	00			
	Name of Employer (for Individual) Kindred Healthcare, Inc.		•	ion (for Individual)) HD		N	1em	οI	ltem								
	Receipt For:			ir-to-Date ▼													
	Primary General Other (specify)		-	2400.00		P/R Deduction (\$100.00 Bi-Weekly)											
	UBTOTAL of Receipts This Page (optional)						-	5			9		360.0	0			

	age# 201011303037303040														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 39 (check only one) I1a 11b 11c 12 13 14 15 16 17										
	ny information copied from such Reports and Si for commercial purposes, other than using the				erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC														
Α.	Full Name of Individual (Last, First, Middle Init Conder, Jeanna, R., ,	ial) or Full	Orga	nization Name	Date of Receipt										
	Mailing Address 202 Bartram Court				M M / D D / Y Y Y Y Y 11 28 2016										
	City Winchester	State KY		Zip Code 40391-9340	Transaction ID : PR1618128951138 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) Kindred Healthcare		•	tion (for Individual) Ilinical Services	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggrega	P/R Deduction (\$10.00 Bi-Weekly)												
в.	Full Name of Individual (Last, First, Middle Init Thomas, Gregory, B, ,	ial) or Full	Orga	nization Name	Date of Receipt										
	Mailing Address 1109 Kirkham Trace				11 28 2016										
	City Louisville	State KY		Zip Code 40299-4668	Transaction ID : PR1641623751138 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) Kindred Healthcare Inc.		•	tion (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggrega	ite Yea	ar-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Init Mikula, David, M, ,	ial) or Full	Orga	nization Name	Date of Receipt										
	Mailing Address 4616 Hallmark Drive				11 / 28 / Y Y Y Y 11 / 28 / 2016										
	City Dallas	State TX		Zip Code 75229-2940	Transaction ID : PR1774751751138 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			60.00										
	Name of Employer (for Individual) Kindred Healthcare Inc.		•	tion (for Individual) exas Region HD	Memo Item										
_	Receipt For: Primary General Other (specify)	Aggrega	ite Yea	ar-to-Date ▼ 480.00	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		FOR LINE NUMBER: PAGE 30 OF 39 (check only one) 11a 11a 11b 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
Full Name of Individual (Last, First, Middle I A. Romisher, Andrea, R., ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 1846 Douglass Blvd			M M / D D / Y Y Y Y 11 28 2016								
City	State	Zip Code	Transaction ID : PR1784229951138								
Louisville	KY	40205-1862	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item								
Kindred Healthcare Inc.		P Benefits & Comp									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I B. Warrington, Michael, J, ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 118 Frosted Pond PL.			11 / D D / Y Y Y Y Y 28 2016								
City	State	Zip Code	Transaction ID : PR1797971051138								
The Woodlands	ТХ	77381-4763	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) ef Operating Officer H	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. Seawell, Janet, L, ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 11126 S. Star Court			11 / D D / Y Y Y Y 28 2016								
City	State	Zip Code	Transaction ID : PR1829395451138								
Goodyear	AZ	85338-5477	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Kindred Healthcare Inc.	Res	ource Exec Director									
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		240.00	P/R Deduction (\$10.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			90.00								

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

Ima	age# 201611309037585050														
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)							OF 39						
	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC														
Α.	Full Name of Individual (Last, First, Middle In Hanson, Mathu, , ,	itial) or Full C	Organization Nar	ne	Date o	Date of Receipt									
	Mailing Address 11124 Larkspur Ct				11		28	y y y y 2016							
	City Corona	State CA	Zip Code 92883-31	111			D : PR193								
	FEC ID number of contributing federal political committee.	С							0.00						
	Name of Employer (for Individual)		cupation (for Indi	,	м	emo Iterr	١								
	Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼		ogram Director III Year-to-Date ▼		P/R Ded	luction (\$	10.00 Wee	ekly)							
В.	Full Name of Individual (Last, First, Middle In Etienne, Selma, , ,	itial) or Full C	Drganization Nar	ne	Date o	f Receipt									
	Mailing Address 35 Chester Ave				M M 11		28	2016	Y						
	City Brockton	State MA	Zip Code 02301-52	11		Transaction ID : PR1930770051138 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						3	0.00						
	Name of Employer (for Individual) Kindred Healthcare, Inc.		cupation (for Ind rtified Nursing As	,	М	emo Item	1								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	235.00	P/R Ded	P/R Deduction (\$5.00 Weekly)									
с.	Full Name of Individual (Last, First, Middle In Priegnitz, Kelly, A, ,	itial) or Full C	Organization Nar	ne	Date o	f Receipt									
	Mailing Address 160 South St. Gregory Churc	h Road	1		M M 11		28	2016							
	City Samuels	State KY	Zip Code 40013-74	55			D: PR195								
	FEC ID number of contributing federal political committee.	С				t of Each	Receipt		0.00						
	Name of Employer (for Individual) Kindred Healthcare, Inc.		cupation (for Indi		M	lemo Iten	۱								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	480.00	P/R Deduction (\$20.00 Bi-Weekly)										

SUBTOTAL of Receipts This Page (optional)				y		y		120	.00	
		1	1		1		1	-		
TOTAL This Period (last page this line number only)	_			-		-			-	_

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER: schodulo(s) 1.1.0.0

ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) Image: Mark 11 a mark 11 a mark								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions								
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Steinberg, Matthew, B, ,	ll) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9009 Anemone Drive			11 28 2016								
	City	State	Zip Code	Transaction ID : PR1961243251138								
	Prospect	KY	40059-6576	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	Kindred Healthcare, Inc.		P Litigation									
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia Jasnoff, Jeffrey, M, ,	ll) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9012 Coltsfoot Trace			11 28 2016								
	City State Zip Code			Transaction ID : PR1961243351138								
	Prospect	KY 40059-7672										
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer (for Individual) Kindred Healthcare, Inc.		upation (for Individual) P Human Resources Ops	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia Stodghill, Jeffrey, P, ,	ll) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3713 Cypress Springs Place			11 28 / Y Y Y Y 2016								
	City	State	Zip Code	Transaction ID : PR1961243451138								
	Louisville	KY	40245-7402	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	Kindred Healthcare, Inc.	VP 8	& Corporate Counsel									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Bi-Weekly)								
	Other (specify)	L	1200.00									
s	UBTOTAL of Receipts This Page (optional)		•	360.00								
т	OTAL This Period (last page this line number or	וy)	•									

PAGE 32 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER: hadula(s)

I

ITEM	IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) ▼ 11a 11b 11c 12 13 14 15 16 17								
				erson for the purpose of soliciting contributions to solicit contributions from such committee.								
\	ME OF COMMITTEE (In Full) ndred Healthcare, Inc. PAC											
	Name of Individual (Last, First, Middle Initial owers, James, T, ,) or Full Oi	rganization Name	Date of Receipt								
	ling Address 4024 St. Germaine Court			11 28 2016								
City Lou	uisville	State KY	Zip Code 40207-3810	Transaction ID : PR1975144151138 Amount of Each Receipt this Period								
	DID number of contributing political committee.	С		90.00								
Kind	ne of Employer (for Individual) dred Healthcare, Inc.		upation (for Individual) Corp Fin & Treasury	Memo Item								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	P/R Deduction (\$30.00 Bi-Weekly)								
	Name of Individual (Last, First, Middle Initial puthitt, James, M, ,) or Full O	rganization Name	Date of Receipt								
Mai	ling Address 160 N Sappington Rd	1		11 28 2016								
City Sai	nt Louis	State MO	Zip Code 63122-4854	Transaction ID : PR1983484451138 Amount of Each Receipt this Period								
	C ID number of contributing eral political committee.	С		60.00								
	ne of Employer (for Individual) Ired Healthcare, Inc.		upation (for Individual) of Operating Officer	Memo Item								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)								
c. <u>Sł</u>	Name of Individual (Last, First, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mai	ling Address 11 Talais Drive			M M / D D / Y Y Y Y 11 28 2016								
City Litt	le Rock	State AR	Zip Code 72223-9129	Transaction ID : PR1983484651138								
FEC	C ID number of contributing eral political committee.	С		Amount of Each Receipt this Period								
Kind	ne of Employer (for Individual) dred Healthcare, Inc.		upation (for Individual) Rehab KRS	Memo Item								
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	P/R Deduction (\$20.00 Weekly)								
SUBT	OTAL of Receipts This Page (optional)		••••••	210.00								
ΤΟΤΑ	L This Period (last page this line number on	ly)	•									

PAGE 33 OF

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC)		
Full Name of Individual (Last, First, Middle Willman, Mary, Claire, , Mailing Address 440 Belleview Avenue	e Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : PR1983484851138
Saint Louis	MO	63119-3621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		135.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
Kindred Healthcare, Inc.	DVF	P Sales KRS	
Receipt For:	A		

	federal political committee.	C		135.00
	Name of Employer (for Individual) Kindred Healthcare, Inc.		pation (for Individual) Sales KRS	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 990.00	P/R Deduction (\$45.00 Weekly)
В.	Full Name of Individual (Last, First, Middle In Mathieu, Sheila G, , , Mailing Address 3 Celia Terrace	Date of Receipt		
	City Randolph	State MA	Zip Code 02368-1810	Transaction ID : PR2023799551138 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Kindred Healthcare, Inc.		pation (for Individual) fied Nursing Asst I	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 230.00	P/R Deduction (\$5.00 Weekly)
с.	Full Name of Individual (Last, First, Middle In Cunanan, Stephen, R, ,	Date of Receipt		
	Mailing Address 7913 Farm Spring Drive			11 / 28 / Y Y Y Y 2016
	City	State KY	Zip Code 40059-7616	Transaction ID : PR2151070251138
	Prospect		40003-7010	Amount of Each Receipt this Period
	FEC ID number of contributing	С		525.00

federal political committee.	C	525.00
Name of Employer (for Individual) Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Occupation (for Individual) Chief Admin & CPO Aggregate Year-to-Date ▼ 4200.00	P/R Deduction (\$175.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)) ▶	690.00
TOTAL This Period (last page this line num	ber only)	

FEC Schedule A (Form 3X) Rev. 06/2016

39

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

39

••			Detailed Summary Page		>	11a 13		11b 14	11c	12	17						
	y information copied from such Reports and St for commercial purposes, other than using the					for the		rpose of	soliciting	g contrib	utions						
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			millee	10 50		11111			IT COMM	liee.						
Α.	Full Name of Individual (Last, First, Middle Initi Thompson, Darlene, A, , Mailing Address 1915 Clearview Drive	al) or Full C	rganization Name		_	Date of Receipt											
			11 28 2016														
	City Lagrange	State KY	Zip Code 40031-9233		-				PR2201								
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual) Kindred Healthcare, Inc.		upation (for Individual) Clin IS & Training NCD		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00		F	P/R Dec	ducti	ion (\$10	.00 Bi-We	eekly)							
в.	Full Name of Individual (Last, First, Middle Initi Farber, Stephen, , ,	al) or Full C	rganization Name		Date of Receipt												
	Mailing Address P.O. Box 1349	uling Address P.O. Box 1349								M M / D D / Y Y Y Y 11 28 2016							
	City Prospect	State KY	Zip Code 40059-1349		_				PR2201								
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period														
	Name of Employer (for Individual) Kindred Healthcare, Inc.		upation (for Individual) cc VP & CFO	Memo Item													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4615.20	F	P/R Ded	lucti	ion (\$19	2.30 Bi-V	/eekly)								
с.	Full Name of Individual (Last, First, Middle Initi Doverspike, Cyd, , ,	al) or Full C	rganization Name			Date o	of Re	eceipt									
	Mailing Address P.O. Box 159				11 28 2016												
	City Larose	State LA	Zip Code 70373-0159		_				PR2204								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period													
	Name of Employer (for Individual) Kindred Healthcare Inc.	Occ DVF	Memo Item														
	Receipt For: Primary General Other (specify)	Aggregate	F	P/R Dec	duct	ion (\$20	0.00 Weel	dy)									
F	UBTOTAL of Receipts This Page (optional)					Ľ	-	<u>y</u>		666	.90						
ΙT	OTAL This Period (last page this line number of	only)		🕨			1	-	-								

	ag en 201011303037303033										
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 OF 39 (check only one) I1a I1a 11b I3 14 I5 16							
	y information copied from such Reports and S for commercial purposes, other than using the	erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Α.	Full Name of Individual (Last, First, Middle Ini Cross, John, David, ,	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1731 Randons Point Drive.			11 28 2016							
	City Sugar Land	State TX	Zip Code 77478-4270	Transaction ID : PR2204224151138 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) Kindred Healthcare Inc.		upation (for Individual) ket CEO I HD	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1150.00	P/R Deduction (\$50.00 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Ini Zachariah, Jason, , , Mailing Address 1004 Anchorage Woods Circle	-	rganization Name	Date of Receipt							
	City Louisville	State KY	Zip Code 40223-2370	Transaction ID : PR2325313651138 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		75.00							
	Name of Employer (for Individual) Kindred Healthcare, Inc.		upation (for Individual) sident KRS	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$25.00 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Ini Compton, Rachel, J, ,	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 15 Edgebrook Dr	Stata	Zip Code	11 28 2016							
	City Phillips Ranch	State CA	91766-4769	Transaction ID : PR2326240951138 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		120.00							
	Name of Employer (for Individual) Kindred Healthcare, Inc.		upation (for Individual) ion Vice President KHR	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 880.00	P/R Deduction (\$40.00 Weekly)							

SUBTOTAL of Receipts This Page (optional)			9			9		34	5.00	_
		1	 	1.1	1		1	1.1		1.1
TOTAL This Period (last page this line number only)	L		 -			-			-	

	-									
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				Use separate schedule(s)						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Koehler, Hans, E, ,	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 4512 Augusta National Drive				11 28 2016					
	City	State		Zip Code	Transaction ID : PR2360639851138					
	Floyds Knobs	IN		47119-9638	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			60.00					
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	Memo Item					
	Kindred Healthcare Inc	SVI	P Lia	bility Claims						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia Ward, Andrew, H., ,	al) or Full C	Orgar	nization Name	Date of Receipt					
	Mailing Address 1921 Warfield Drive			1	11 / D D / Y Y Y Y Y 28 2016					
	City Nashville	State TN		Zip Code 37215-3422	Transaction ID : PR2471865751138 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C			300.00					
	Name of Employer (for Individual) Kindred Healthcare, Inc.			tion (for Individual) int Venture Bus Dev	Memo Item					
	Receipt For: Aggreg Primary General Other (specify) ▼			ur-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drgar	nization Name	Date of Receipt					
Mailing Address 2000 Grande Loch				Zin Code	11 28 2016					
	City Roswell	State GA		Zip Code 30075-2268	Transaction ID : PR2479927951138					
FEC ID number of contributing federal political committee.		C			Amount of Each Receipt this Period					
	Name of Employer (for Individual) Kindred Healthcare, Inc.		•	ion (for Individual) terprise Sales	Memo Item					
	Receipt For:			ır-to-Date ▼	-					
	Primary General Other (specify)			800.00	P/R Deduction (\$100.00 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			•••••	660.00					

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

10

10126.20

FEC Schedule A (Form 3X) Rev. 06/2016

I

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page			OR I	LINE N	NUMBER: PAGE 38 OF 39								39			
ITEMIZED DISBURSEMENTS				heck	k only 21b						26		27				
					210 28a	28	Ľ		28c	-	29	-	30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan																	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC																	
Full Name (Last, First, Middle Initial) A. Cathy McMorris Rodgers for Congress									Date of Disbursement								
Mailing Address Box 137							10 / Y Y Y Y 10 28 2016										
City Spokane	State Zip Code WA 99210-0137					FEC Identification Number											
Purpose of Disbursement Void - Check dated 10.14.2016	011					C C00390476 Transaction ID : 74335747											
Candidate Name McMorris Rodgers, Cathy, , Rep., Office Sought:	Category/ Type					Amount of Each Disbursement this Period							ł				
State: WA District: 05	Primary 🗶 General Other (specify) 🔻					Void - Check dated 10.14.2016 Memo Item											
Full Name (Last, First, Middle Initial) B. Cathy McMorris Rodgers for Congress Mailing Address Box 137							Date of Disbursement										
																Spokane	State WA
Purpose of Disbursement Contribution Candidate Name		C C00390476 Transaction ID : 74335777 Amount of Each Disbursement this Period															
McMorris Rodgers, Cathy, , Rep., Category/ Type Office Sought: x								Amount of Each Disbursement this Period									
State: WA District: 05	Primary Ceneral Other (specify)					Contribution Memo Item											
Full Name (Last, First, Middle Initial) C. John Kennedy for US							Date of Disbursement										
Mailing Address 2900 Clearview Parkway, Suite 206							11 / D D / Y Y Y Y Y 11 2016										
City Metairie Purpose of Disbursement Contribution	State Zip Code LA 70006					FEC Identification Number C C00608398 Transaction ID : 74414751											
Candidate Name Category/ Type Kennedy, John, Neely, , Category/ Type Office Sought: House												ment	t this P		ł		
× Senate	ment For: 2016 Primary General Other (specify) ▼ Runoff2016					Contribution Memo Item											
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)						Ľ	-	-7					5000.0	+			

SCHEDULE B (FEC Form 3X)			FOR LINE										
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b									
Any information copied from such Reports and State or for commercial purposes, other than using the na													
NAME OF COMMITTEE (In Full)													
Kindred Healthcare, Inc. PAC													
Full Name (Last, First, Middle Initial) A. Making America Prosperous PAC	Date of Disbursement												
Mailing Address PO Box 2485													
City	State VA	Zip Code		FEC Identification Number									
Springfield Purpose of Disbursement	VA	22152		C C00445379									
Contribution			011	Transaction ID : 74419061									
Candidate Name			Category/	Amount of Each Disbursement this Period									
Making America Prosperous PAC Office Sought: House Disburs	ement For:		Туре	5000.00									
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item									
State: District:													
Full Name (Last, First, Middle Initial) B.	Date of Disbursement												
Mailing Address													
City	State	Zip Code		FEC Identification Number									
Purpose of Disbursement	C												
Candidate Name	Amount of Each Disbursement this Period												
Office Sought: House Disburs	ement For: Primary	General	Туре										
State: District:	Other (spe			Memo Item									
Full Name (Last, First, Middle Initial)													
C.				Date of Disbursement									
Mailing Address													
City	State	Zip Code		FEC Identification Number									
Purpose of Disbursement	С												
Candidate Name	Amount of Each Disbursement this Period												
Office Sought: House Disburs	ement For: Primary	General	Туре	1 1 49 1 1 49 1 1 49 1									
State: District:	Other (spe			Memo Item									
				5000.00									
SUBTOTAL of Disbursements This Page (optional)			►										
TOTAL This Period (last page this line number onl	y)		····· ►	10000.00									