

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Kindred Healthcare, Inc. PAC

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

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

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

5. Covering Period 05 / 01 / 2013 through 05 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer Hank Robinson [Electronically Filed] Date 06 / 20 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Kindred Healthcare, Inc. PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text"/>	<input type="text" value="86797.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63641.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="24024.00"/>	<input type="text" value="65868.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="87665.17"/>	<input type="text" value="152665.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25000.00"/>	<input type="text" value="90000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62665.17"/>	<input type="text" value="62665.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Kindred Healthcare, Inc. PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9296.00	23566.80
(ii) Unitemized .....	3728.00	28801.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13024.00	52368.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13024.00	52368.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	11000.00	13500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24024.00	65868.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24024.00	65868.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	90000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25000.00	90000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	90000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13024.00	52368.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13024.00	52368.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

This FEC report shows two \$5000.00 refunds from Friends of Max Baucus for 2014 US General Election contributions. The Kindred Healthcare, Inc. PAC and the RehabCare Group Inc. PAC each made \$5000.00 general election contributions to Friends of Max Baucus before the committees were affiliated. After the committees became affiliated RehabCare Group Inc. PAC transferred all of its remaining funds to the Kindred Healthcare, Inc. PAC and terminated its registration with the FEC. The refund of the \$5000.00 contribution made by the RehabCare Group Inc. PAC was sent to the Kindred Healthcare, Inc. PAC because it is the only active affiliated committee of the RehabCare Group Inc. PAC.

Form/Schedule:  
Transaction ID:

**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 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Roderick J Cowgill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9103 Lantern Lite Pkwy  
 City State Zip Code  
 Louisville KY 40220-2960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc  
 Occupation VP Facilities Mgmt HD  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR1094115427457**  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Teresa S Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7115 Coachwood Drive  
 City State Zip Code  
 Georgetown IN 47122-8655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc.  
 Occupation Sr Dir Fin Systems Dev  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR1094183727457**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Edward L Kuntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8807 Stable Crest Boulevard  
 City State Zip Code  
 Houston TX 77024-7035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc.  
 Occupation Chairman of the BOD  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR1094183927457**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David R Windhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spring Farms Road  
 City State Zip Code  
 Floyds Knobs IN 47119-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Financial Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR1094185027457**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Lawrence I Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4721 N Clark Street #3S  
 City State Zip Code  
 Chicago IL 60640-7553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Health Info Tech Strateg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR1094185127457**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Katheryn J Markham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10602 Taylor Farm Ct  
 City State Zip Code  
 Prospect KY 40059-9580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Plan & Field Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : PR1094185627457**  
 Amount of Each Receipt this Period 135.00  
 P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Catherine A Gooch**

Mailing Address 14516 Clear Meadow Court

City Louisville State KY Zip Code 40245-5264

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094185927457**

Amount of Each Receipt this Period  
**60.00**

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

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

Mailing Address 2805 Chestnut Ridge Place

City Louisville State KY Zip Code 40245-5307

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094187927457**

Amount of Each Receipt this Period  
**135.00**

P/R Deduction (\$45.00 Bi-Weekly)

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

Mailing Address 1106 Holly Springs Drive

City Louisville State KY Zip Code 40242-7771

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094188027457**

Amount of Each Receipt this Period  
**300.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>495.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Terry Carrico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Wolf Lair Court  
 City New Albany State IN Zip Code 47150-9587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Devlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094188227457**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Martin Ardron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 La Sierra Dr.  
 City Phillips Ranch State CA Zip Code 91766-4703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Region Vice President HRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094189127457**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Weekly)

**C. Larry Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1134 W. Granville Avenue Unit 815  
 City Chicago State IL Zip Code 60660-5049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094190327457**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

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

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

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

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

**A. Theodore Welding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2448 Middle River Dr.  
City Ft Lauderdale State FL Zip Code 33305-2729  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Market CEO III HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094191327457**  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B. Sean R Muldoon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 239 Fairfax Avenue  
City Louisville State KY Zip Code 40207-3856  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP & Chief Med Off HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094192227457**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. Joel W Day**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2017 Spring Farms Drive  
City Floyds Knobs State IN Zip Code 47119-9723  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP & Controller HD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094193127457**  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 465.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Susan Moss</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR1094193327457</b>
Mailing Address 161 Westwind Road		Amount of Each Receipt this Period 120.00
City Louisville	State KY	Zip Code 40207-1545
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation VP Corp Communications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Charles Michael Grannan</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR1094193927457</b>
Mailing Address 7109 Cannonade Court		Amount of Each Receipt this Period 105.00
City Prospect	State KY	Zip Code 40059-9332
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
		P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Mary Suzanne Riedman</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR1094194227457</b>
Mailing Address 4308 Hampton Creek Drive		Amount of Each Receipt this Period 60.00
City Louisville	State KY	Zip Code 40241-6423
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare Inc.	Occupation Gen Coun & CDO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
		P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4678 Mount Eden Road

City State Zip Code  
Shelbyville KY 40065-9331

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

Name of Employer Occupation  
Kindred Healthcare Inc. Mgr Reimbursement

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR1094194827457**

Amount of Each Receipt this Period  
60.00

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

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

Mailing Address 4304 Hill Top Road

City State Zip Code  
Louisville KY 40207-2222

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP Tax Planning

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR1094195127457**

Amount of Each Receipt this Period  
120.00

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

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

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code  
Louisville KY 40241-6400

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP Internal Audit

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
429.00

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR1094195427457**

Amount of Each Receipt this Period  
117.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 297.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. John Lucchese**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14401 Broad Oak Place  
City Louisville State KY Zip Code 40245-5136  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP & Corp Controller  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1056.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR1094195927457**  
Amount of Each Receipt this Period **288.00**  
P/R Deduction (\$96.00 Bi-Weekly)

**B. Joseph Landenwich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1822 Casselberry Road  
City Louisville State KY Zip Code 40205-1632  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Co Gen Counsel & Corp Sec  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **660.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR1094196327457**  
Amount of Each Receipt this Period **180.00**  
P/R Deduction (\$60.00 Bi-Weekly)

**C. Arthur L Rothgerber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8325 Regency Woods Way  
City Louisville State KY Zip Code 40220-3817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP Reimbursement  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **253.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR1094196427457**  
Amount of Each Receipt this Period **69.00**  
P/R Deduction (\$23.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **537.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

**A. Linda M O'Bryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Sylvan Way  
 City Louisville State KY Zip Code 40205-2437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Patient Care & Qual HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094196727457**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Brian L Caudill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1647 Beechwood Avenue  
 City Louisville State KY Zip Code 40204-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir HD Reimb  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094197327457**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$26.00 Bi-Weekly)

**C. William M Altman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9103 Lexington Lane  
 City Louisville State KY Zip Code 40241-2423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation EVPStrategyPolicy&IntCare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094198027457**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 714.90  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Michael Comer**

Mailing Address 12 Lewis

City State Zip Code  
Irvine CA 92620-3362

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR1094200427457**

Amount of Each Receipt this Period  
**105.00**

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

Full Name (Last, First, Middle Initial)  
**B. Traci Shelton**

Mailing Address 2913 3rd. Street # 201

City State Zip Code  
Santa Monica CA 90405-5486

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR1094200627457**

Amount of Each Receipt this Period  
**300.00**

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

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

Mailing Address 508 W. Melrose #7-A

City State Zip Code  
Chicago IL 60657-6429

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1485.00**

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : PR1094200727457**

Amount of Each Receipt this Period  
**405.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **810.00**

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

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

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

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

**A. Charles D Doten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7644 Harbour Blvd.  
 City Miramar State FL Zip Code 33023-6566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094203627457**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Timothy L Simpson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2924 Majestic Oaks Lane  
 City Green Cove Springs State FL Zip Code 32043-8329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation DVP HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094204327457**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Anita Tillery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3512 Raytee Drive  
 City Chesapeake State VA Zip Code 23323-1232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1094211027457**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10966 Secret View Drive

City State Zip Code  
Sandy UT 84092-4949

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2013  
**Transaction ID : PR1094213627457**

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 10 Glenwood Road

City State Zip Code  
Windham NH 03087-1162

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

Name of Employer Occupation  
Kindred Healthcare Inc. Exec VP East Reg NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2013  
**Transaction ID : PR1094214127457**

Amount of Each Receipt this Period  
60.00

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

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

Mailing Address 1835 Franklin Street # 303

City State Zip Code  
San Francisco CA 94109-3455

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

Name of Employer Occupation  
Kindred Healthcare, Inc DVP NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2013  
**Transaction ID : PR1094216927457**

Amount of Each Receipt this Period  
60.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Gloria J Miller**

Mailing Address 2700 Saint Marys Road

City Hillsborough State NC Zip Code 27278-7843

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

Name of Employer Kindred Healthcare Inc. Occupation DVP NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094222127457**

Amount of Each Receipt this Period  
**60.00**

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

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

Mailing Address 514 Locust Creek Blvd.

City Louisville State KY Zip Code 40245-6232

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Telecommunications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **257.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094224627457**

Amount of Each Receipt this Period  
**70.20**

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

Full Name (Last, First, Middle Initial)  
**C. Patricia M McGillan**

Mailing Address 510 Altagate Rd

City Louisville State KY Zip Code 40206-2969

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

Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl HD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094229927457**

Amount of Each Receipt this Period  
**90.00**

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.20</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093-1036

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

Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094233527457**

Amount of Each Receipt this Period  
**60.00**

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

**B. Jeffrey F Lockett**  
Full Name (Last, First, Middle Initial)

Mailing Address 7701 Kendrick Crossing Lane

City Louisville State KY Zip Code 40291-5033

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094234427457**

Amount of Each Receipt this Period  
**66.00**

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

**C. Tamila Johnson-White**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Zhale Smith Rd.

City Lagrange State KY Zip Code 40031-8098

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : PR1094235427457**

Amount of Each Receipt this Period  
**60.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>186.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Douglas Roth</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 3272 E. Germana Circle		<b>Transaction ID : PR1094237327457</b>
City Sandy	State UT	Zip Code 84093-2150
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer Kindred Healthcare Inc.	Occupation VP Finance West Reg NCD	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas T Collins</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 3703 River Bluff Road		<b>Transaction ID : PR1094241227457</b>
City Prospect	State KY	Zip Code 40059-9001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Kindred Healthcare Inc.	Occupation Dir Financial Systems NCD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Brian Newman</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 953 Francis Avenue		<b>Transaction ID : PR1094243327457</b>
City Bexley	State OH	Zip Code 43209-2419
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer Kindred Healthcare Inc.	Occupation DVP NCD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14 Westwind Road

City State Zip Code  
Louisville KY 40207-1519

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

Name of Employer Occupation  
Kindred Healthcare Inc. VP Pub Pol & Govt Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2013  
**Transaction ID : PR1094246627457**

Amount of Each Receipt this Period  
300.00

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

Full Name (Last, First, Middle Initial)  
**B. Thomas Wood**

Mailing Address 2949 Glascock Street

City State Zip Code  
Oakland CA 94601-2838

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

Name of Employer Occupation  
Kindred Healthcare Inc. DVP NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
715.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2013  
**Transaction ID : PR1094247227457**

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$65.00 Bi-Weekly)

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

Mailing Address 5400 Farm Ridge Lane

City State Zip Code  
Prospect KY 40059-7617

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

Name of Employer Occupation  
Kindred Healthcare Inc. President&COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2115.30

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2013  
**Transaction ID : PR1094250927457**

Amount of Each Receipt this Period  
576.90

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1071.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Steve Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34729 Alpine Ave.  
City Saint Helens State OR Zip Code 97051-9315  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1135252627457**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Weekly)

**B. Rachael L Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Birch Ridge Rd  
City Westford State VT Zip Code 05494-9788  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1150411127457**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$10.00 Weekly)

**C. Russell D Ragland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9902 Palace Green Way  
City Vienna State VA Zip Code 22181-5914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation SVP Finance NCD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1267998127457**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 240.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Pamela A. Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 5912 Mercury Dr

City Louisville State KY Zip Code 40291-2293

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2013**

**Transaction ID : PR1408953227457**

Amount of Each Receipt this Period **60.00**

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

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

Mailing Address 1668 Victory Court

City Prospect State KY Zip Code 40059-9175

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Finance RHB

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **05 / 31 / 2013**

**Transaction ID : PR1524244427457**

Amount of Each Receipt this Period **180.00**

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

**C. Mary Jane Dailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 10411 Loving Trail Drive

City Frisco State TX Zip Code 75035-8181

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

Name of Employer Kindred Healthcare, Inc. Occupation VP & CCO SE Reg HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 31 / 2013**

**Transaction ID : PR1618127527457**

Amount of Each Receipt this Period **300.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **540.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David M Mikula</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 4616 Hallmark Drive		<b>Transaction ID : PR1774751727457</b>
City Dallas	State TX	Zip Code 75229-2940
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc.	Occupation SVP Enterprise Sales	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Philip B Ragsdell</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 12004 Log Cabin Lane		<b>Transaction ID : PR1784229527457</b>
City Louisville	State KY	Zip Code 40223-2218
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 66.00
Name of Employer Kindred Healthcare	Occupation Dir Customer Supp	P/R Deduction (\$22.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

Full Name (Last, First, Middle Initial) <b>C. Lawrence J. Toye</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 3 September Lane		<b>Transaction ID : PR1784230827457</b>
City Burlington	State MA	Zip Code 01803-1819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare	Occupation Controller	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Carol Faló</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR1784231527457</b>
Mailing Address 7041 Clubview Dr		Amount of Each Receipt this Period 40.00
City Bridgeville	State PA	Zip Code 15017-3600
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare	Occupation Chief Clinical Off II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly A Priegnitz</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR1950875227457</b>
Mailing Address 160 South St. Gregory Church Road		Amount of Each Receipt this Period 60.00
City Samuels	State KY	Zip Code 40013-7455
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare, Inc.	Occupation SVP & Chief Counsel NCD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Matthew B Steinberg</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : PR1961243227457</b>
Mailing Address 9009 Anemone Drive		Amount of Each Receipt this Period 60.00
City Prospect	State KY	Zip Code 40059-6576
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Kindred Healthcare, Inc.	Occupation DVP Litigation Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 27 OF 34  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Jeffrey M Jasnof**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9012 Coltsfoot Trace  
 City Prospect State KY Zip Code 40059-7672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Human Resources Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR1961243327457**  
 Amount of Each Receipt this Period **150.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Jeffrey P Stodghill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 Kenilworth Place  
 City Louisville State KY Zip Code 40205-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR1961243427457**  
 Amount of Each Receipt this Period **150.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. James T Flowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 Gilman Avenue  
 City Louisville State KY Zip Code 40207-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Corp Dev & Fin Plan  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **330.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : PR1975144127457**  
 Amount of Each Receipt this Period **90.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **390.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Linda R Kurland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6109 Forest Lane  
 City Fort Worth State TX Zip Code 76112-1062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1983484227457**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Weekly)

**B. James M Douthitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 N Sappington Rd  
 City Saint Louis State MO Zip Code 63122-4854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Operations SRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1983484427457**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Patricia M Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 N Pearl St #502  
 City Dallas State TX Zip Code 75201-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation President RHB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1983484527457**  
 Amount of Each Receipt this Period 285.00  
 P/R Deduction (\$95.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	545.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Sherrie Sharp**

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223-9129

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 31 / 2013**

**Transaction ID : PR1983484627457**

Amount of Each Receipt this Period **80.00**

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)  
**B. Jovena Stucker**

Mailing Address 5851 Midnight Moon Dr

City Frisco State TX Zip Code 75034-0715

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **05 / 31 / 2013**

**Transaction ID : PR1983484727457**

Amount of Each Receipt this Period **54.00**

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)  
**c. Mary Claire Willman**

Mailing Address 529 Oaks Court

City Webster Groves State MO Zip Code 63119-3530

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Sales RHB

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 31 / 2013**

**Transaction ID : PR1983484827457**

Amount of Each Receipt this Period **90.00**

P/R Deduction (\$45.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **224.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bennett S Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Overlook Road  
 City Stoughton State MA Zip Code 02072-3856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Finance East Reg NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR1983485027457**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. James E Eveslage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9216 Springbrooke Circle  
 City Louisville State KY Zip Code 40241-3001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation DVP Finance HCH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR2004957327457**  
 Amount of Each Receipt this Period 84.00  
 P/R Deduction (\$28.00 Bi-Weekly)

**C. Richard Edward Lacourse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Winding Ln  
 City Basking Ridge State NJ Zip Code 07920-1558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation RVP VTA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 31 / 2013  
**Transaction ID : PR2007353627457**  
 Amount of Each Receipt this Period 160.00  
 P/R Deduction (\$80.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 34  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Candace Fisher**

Mailing Address 1733 Crow Valley Rd

City State Zip Code  
Bailey CO 80421-2304

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

Name of Employer Kindred Healthcare Occupation Executive Dir I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : PR2017834727457**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9296.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 34
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Max Baucus</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2013 <b>Transaction ID : 51566622</b>
Mailing Address PO Box 586		Amount of Each Receipt this Period 5000.00
City Helena	State MT	Zip Code 59624
FEC ID number of contributing federal political committee. C C00328211	Name of Employer	Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Refund of Contribution

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Baucus</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2013 <b>Transaction ID : 51786019</b>
Mailing Address PO Box 586		Amount of Each Receipt this Period 5000.00
City Helena	State MT	Zip Code 59624
FEC ID number of contributing federal political committee. C C00328211	Name of Employer	Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	
		Refund of general contribution made by Rehabcare Group Inc. PAC - a terminated affiliated PAC

Full Name (Last, First, Middle Initial) <b>C. Pat Roberts For U.S. Senate, Inc.</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : 51786020</b>
Mailing Address P.O. Box 433		Amount of Each Receipt this Period 1000.00
City Great Bend	State KS	Zip Code 67530
FEC ID number of contributing federal political committee. C C00128876	Name of Employer	Occupation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Refund of contribution to candidate

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013

**Transaction ID : 51416278**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC--MC PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Contribution

Candidate Name

**Majority Committee PAC--MC PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2013

**Transaction ID : 51416908**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Pat Toomey**

Mailing Address 228 South Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Patrick Toomey**

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2013

**Transaction ID : 51431241**

Amount of Each Disbursement this Period

5000.00

Contribution

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

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

10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Searchlight Leadership Fund**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**Searchlight Leadership Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	3

**Transaction ID : 51431243**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends for Harry Reid**

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	3

**Transaction ID : 51431246**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends for Harry Reid**

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	3

**Transaction ID : 51431247**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Contribution

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

1	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

2	5	0	0	0	0	0	0	0	0
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