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Image# 201508129000815089

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	An Authorized	d Committe	e		Office Use	Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		ample: If typin or the lines.	g, type	12FE4MS	;	
Kindred Healthcare, I	nc. PAC						I
ADDRESS (number and street)	680 S. Fourth St.						
Check if different than previously reported. (ACC)	Louisville				KY	40202	
2. FEC IDENTIFICATION N	NUMBER ▼	CITY			STATE 🛦	Z	IP CODE ▲
C C00242271		3. IS THIS REPORT	× (N	EW N) <b>OR</b>	AI (A	MENDED )	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	l J	May 20 (M5) un 20 (M6) ul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report ( July 15 Quarterly Report ( October 15 Quarterly Report ( January 31 Year-End Report (	(Q2) (C) 12-Day PRE-E Report	Election t for the:	Primary (12P) Convention (1		General Special	(12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)  Termination Report (TER)	POST- Report	y -Election t for the:	General (30G	)	Runoff (	, 1 i	Special (30S) in the State of
5. Covering Period	07 01 /	2015	through	M - M 07	/ D D D 31	2015	Y
I certify that I have examined to Type or Print Name of Treasur	•	-	wledge and b	elief it is tr	ue, correct ar	d complete	
Signature of Treasurer Ray	ymond Sierpina		[Electronically	Filed] [	Date 08	M / D 12	2015
NOTE: Submission of false, erro	neous, or incomplete	information may su	ubject the pers	on signing t	nis Report to	he penalties	s of 2 U.S.C. §437g.
Office Use Only							FORM 3X v. 12/2004

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kindred Healthcare, Inc. PAC 07 2015 07 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 73544.31 January 1, 2015 (b) Cash on Hand at 144926.87 Beginning of Reporting Period..... 209475.36 13592.80 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 158519.67 283019.67 6(a) and 6(c) for Column B)..... 6500.00 131000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 152019.67 152019.67 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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	١C
------------------------------	----

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees		70470 50
(i) Itemized (use Schedule A)	7097.80	72170.50
400 A A A A A A A A A A A A A A A A A A	1105.00	23327.00
(ii) Unitemized	1495.00	25327.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	8592.80	95497.50
Lines Tr(a)(i) and (ii)	, 5552.55	, , , , ,
(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	0502.00	95497.50
Totals to Line 33, page 5)	8592.80	93437.30
2. Transfers From Affiliated/Other	0.00	108890.00
Party Committees	0.00	108690.00
s. All Loans Received	0.00	0.00
7.11 254.16 710567704	7	7
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	, , ,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		7 7
to Federal Candidates and Other		
Political Committees	5000.00	5087.86
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	2.22
(from Schedule H3)	0.00	0.00
(b) Lovin France (fram Calaadala LIF)	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
(5) 10.11.11.11.10.10 (4.60.11.10.10.10.10.10.10.10.10.10.10.10.10		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	13592.80	209475.36
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	13592.80	209475.36

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	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		
(k	o) Other Federal Operating				
	Expenditures	0.00	0.00		
(0	c) Total Operating Expenditures	0.00	0.00		
2. T	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
	committees	0.00	21000.00		
F	ontributions to ederal Candidates/Committees nd Other Political Committees	6500.00	108000.00		
	ndependent Expenditures				
_ (ı	use Schedule E)oordinated Party Expenditures	0.00	0.00		
(2	2 U.S.C. §441a(d))	0.00	0.00		
(ι	use Schedule F)	7	0.00		
6. L	oan Repayments Made	0.00	0.00		
7 I	oans Made	0.00	0.00		
8. R	efunds of Contributions To: a) Individuals/Persons Other				
(0	Than Political Committees	0.00	0.00		
		0.00	0.00		
(k (c	· ·	0.00	0.00		
(0	(such as PACs)	0.00	0.00		
1	d) Total Contribution Refunds				
(0	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	(add 2.1100 20(d), (0), and (0))				
9. C	Other Disbursements	0.00	2000.00		
0. F	ederal Election Activity (2 U.S.C. §431(20))				
(a	a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
(k	b) Federal Election Activity Paid Entirely				
	With Federal Funds	0.00	0.00		
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	E.1103 00(a)(1), 00(a)(1) and 00(b))		3.00		
1. To	otal Disbursements (add Lines 21(c), 22,				
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	6500.00	131000.00		
2. T	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	2522.22	404000 00		
fr	om Line 31)	6500.00	131000.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8592.80	95497.50			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8592.80	95497.50			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

FOR LINE NUMBER: **PAGE** 6 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) David R Windhorst Date of Receipt Mailing Address 2000 Spring Farms Road 2015 31 City Zip Code State Transaction ID: PR1094185042034 Floyds Knobs IN 47119-9722 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation VP Financial Systems Dev Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence I Wolf Date of Receipt Mailing Address 4721 N Clark Street #3S 07 31 2015 City State Zip Code Transaction ID: PR1094185142034 IL Chicago 60640-7553 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. CIO IM Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Catherine A Gooch Date of Receipt Mailing Address 14516 Clear Meadow Court 07 31 2015 City Zip Code State Transaction ID: PR1094185942034 KY Louisville 40245-5264 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Sr Dir Fin Systems Dev Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	R LINE	NU	MBER	:	PAGE	7	OF	;	33
Use separate schedule(s) for each category of the	(che	ck only	or or	ne)						
Detailed Summary Page	X	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) Patrick J Gillenwater Date of Receipt Mailing Address 402 Erin Drive 31 2015 City Zip Code State Transaction ID: PR1094186442034 IN Jeffersonville 47130-5290 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation Dir IS Administration Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.50 Bi-Weekly) 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place 07 31 2015 City State Zip Code Transaction ID: PR1094187942034 KY Louisville 40245-5307 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Chief Information Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 675.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stephen M Dobler Date of Receipt Mailing Address 1106 Holly Springs Drive 07 31 2015 City Zip Code State Transaction ID: PR1094188042034 KY Louisville 40242-7771 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation VP IS Finance & Admin Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 1500.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

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FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

33

14 13 15 16 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) Terry Carrico Date of Receipt Mailing Address 3011 Wolf Lair Court 2015 31 City Zip Code State Transaction ID: PR1094188242034 New Albany IN 47150-9587 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Sr Dir Clin Systems Devlp Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Ardron Date of Receipt Mailing Address 41 La Sierra Dr. 07 31 2015 City State Zip Code Transaction ID: PR1094189142034 Phillips Ranch CA 91766-4703 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. **DVP HD** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jan Turk Date of Receipt Mailing Address 1314 Amelia St. 07 31 2015 City State Zip Code Transaction ID: PR1094190042034 **New Orleans** LA 70115-3617 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Chief Executive Off II Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 9 OF 33 Use separate schedule(s) for each category of the (check only one)

TEMIZED RECEIPTS		Detailed Summary Page	X	11a		11b		11c	12						
				13		14		15	16	17					
Any information copied from such Reports and or for commercial purposes, other than using the															
NAME OF COMMITTEE (In Full)	<del></del>														
Kindred Healthcare, Inc. PAC															
Full Name (Last, First, Middle Initial)  Larry Foster				ate of	Re	ceipt	i								
Mailing Address 1134 W. Granville Avenue				M = M	/	D	_ D	/ Y	YYY	Υ					
Unit 815	<b>2.</b> .		_  L	07			31		2015						
Chicago	State IL	Zip Code 60660-5049							9034203						
Chicago	IL.	00000-3043	_  A	mount	of	Each	n Red	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					7	_	7	75	75.00					
Name of Employer	Occupation														
Kindred Healthcare Inc.	Chief Execu	utive Off III													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General  Other (specify) ▼		375.00	P/	R Dedu	uctio	on (\$:	25.00	) Bi-We	eekly)						
Full Name (Last, First, Middle Initial)  3. Sean R Muldoon	-			Date of	Re	ceipt	ì								
Mailing Address 239 Fairfax Avenue				M - M	/		31	/ Y	2015	Y					
City	State	Zip Code		Transa	acti	on IE	) : PI	R10941	9224203	4					
Louisville	Louisville KY 40207-3856							Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С					7	_	7	380	.00					
Name of Employer	Occupation		$\dashv$												
Kindred Healthcare Inc.	SVP & Chie	f Med Off HD													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General Other (specify) ▼		2850.00	P/I	R Dedu	ıctic	on (\$1	190.0	00 Bi-W	eekly)						
Full Name (Last, First, Middle Initial)		, , , , , ,	-												
Deborah R Doddridge				Date of	Re	ceipt	i								
Mailing Address 312 Hill Street NW				M = M 07	/	D	31	/ Y	2015	Y					
City	State	Zip Code		Trans	acti	ion II	D : P	R10941	19304203	34					
Depauw	IN	47115-9016		mount	of	Each	n Red	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С				_	7		,	30	0.00					
Name of Employer	Occupation		$\dashv$												
Kindred Healthcare Inc.	Sr Dir Proc	ure Sys & Cap													
Receipt For:	, , ,														
Primary General	13.0		P/	R Ded	uctio	on (\$	15.00	0 Bi-We	eekly)						
Other (specify) ▼		225.00													
SUBTOTAL of Receipts This Page (optional)						7		- 1	485	.00					
TOTAL This Period (last page this line number	er only)					7									

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Joel W Day  Mailing Address 2017 Spring Farms Drive  City Floyds Knobs  FEC ID number of contributing federal political committee.  Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary General Other (specify)	State Zip Code IN 47119-9723  C  Occupation SVP Operations CFO  Aggregate Year-to-Date ▼  750.00	Date of Receipt  07 31 2015  Transaction ID: PR1094193142034  Amount of Each Receipt this Period  100.00  P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Susan Moss  Mailing Address 161 Westwind Road  City  Louisville  FEC ID number of contributing federal political committee.	State Zip Code KY 40207-1545	Date of Receipt  O7 31 2015  Transaction ID : PR1094193342034  Amount of Each Receipt this Period  80.00
Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation SVP Mktg & Communications Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Michael C Lozier  Mailing Address 7028 Westridge Forest Court  City  Lanesville  FEC ID number of contributing federal political committee.  Name of Employer  Kindred Healthcare Inc.  Receipt For:  Primary General  Other (specify)	State Zip Code IN 47136-9468  C  Occupation Sr Dir Purch Contract Adm  Aggregate Year-to-Date ▼	Date of Receipt  O7 31 2015  Transaction ID: PR1094193742034  Amount of Each Receipt this Period  30.00  P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		210.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 11 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Charles Michael Grannan Date of Receipt Mailing Address 7109 Cannonade Court 2015 31 City Zip Code State Transaction ID: PR1094193942034 KY Prospect 40059-9332 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation VP Purchasing Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Suzanne Riedman Date of Receipt Mailing Address 4308 Hampton Creek Drive 07 31 2015 City State Zip Code Transaction ID: PR1094194242034 KY Louisville 40241-6423 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Gen Coun & CDO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael J Bean Date of Receipt Mailing Address 4304 Hill Top Road 07 31 2015 City Zip Code State Transaction ID: PR1094195142034 KY Louisville 40207-2222 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **VP** Tax Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 600.00 Other (specify) 190.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	F	FOR LINE NUMBER: PAGE 12 OF									33
Use separate schedule(s)	(с	(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
,			13		14		15		16		17

ITEMIZED RECEIPTS 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) Anne S Woods Date of Receipt Mailing Address 7420 Falls Ridge Ct. 31 2015 City State Zip Code Transaction ID: PR1094195442034 KY Louisville 40241-6400 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Name of Employer Occupation VP Internal Audit Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 675.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lucchese Date of Receipt Mailing Address 14401 Broad Oak Place 07 31 2015 City State Zip Code Transaction ID: PR1094195942034 KY Louisville 40245-5136 Amount of Each Receipt this Period FEC ID number of contributing 192.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. SVP & Chief Accting Off Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$96.00 Bi-Weekly) 1440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rose M Michels Date of Receipt Mailing Address 6503 Chenoweth Run Road 07 31 2015 City Zip Code State Transaction ID: PR1094196042034 KY Louisville 40299-5147 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sr Dir Tax Compliance Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify)

9

- 9

312.00

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

Name of Employer

Primary

Receipt For:

Kindred Healthcare Inc.

Other (specify)

General

#### **SCHEDULE ITEMIZED R**

lma	ge# 201508129000815101						
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 33 (check only one)    X   11a			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC						
Α.				Date of Receipt			
	Mailing Address 1822 Casselberry Road	State	7in Code	07 31 2015			
	City Louisville	KY	Zip Code 40205-1632	Transaction ID : PR1094196342034			
	FEC ID number of contributing federal political committee.	C	10200 1002	Amount of Each Receipt this Period			
	Name of Employer	Occupation					
	Kindred Healthcare Inc.	Co Gen Cou	unsel & Corp Sec				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	P/R Deduction (\$60.00 Bi-Weekly)			
В.	Full Name (Last, First, Middle Initial) Linda M O'Bryan						
	Mailing Address 1409 Mockingbird Terrace Driv Unit 203			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State KY	Zip Code	Transaction ID : PR1094196742034			
	Louisville	N1	40207-1372	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		40.00			
	Name of Employer	Occupation					
	Kindred Healthcare Inc.	VP Patient 0	Care & Qual HD				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)			
<del>С</del> .	Full Name (Last, First, Middle Initial)  Douglas Curnutte			Date of Receipt			
	Mailing Address 1014 Springside Way			07 31 2015			
	City	State	Zip Code	Transaction ID : PR1094197242034			
	Louisville	KY	40223-3786	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			

225.00

Occupation

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

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

SVP Corporate Devlp

Aggregate Year-to-Date ▼

9

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

190.00

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than u	s and Statements may not be sold or used by any p sing the name and address of any political committee	erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. P	AC					
Full Name (Last, First, Middle Initial)  A. Brian L Caudill  Address 4047 Perchange		Date of Receipt				
Mailing Address 1647 Beechwood Ave	State Zip Code	07 31 2015 Transaction ID : PR1094197342034				
Louisville	KY 40204-1321	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	52.00				
Name of Employer  Kindred Healthcare Inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation Sr Dir HD Reimb  Aggregate Year-to-Date ▼  390.00	P/R Deduction (\$26.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial)  William M Altman  Mailing Address 9103 Lexington Lane		Date of Receipt				
Maining Address 9103 Lexington Lane	Mailing Address 9103 Lexington Lane					
City Louisville	State Zip Code KY 40241-2423	Transaction ID : PR1094198042034  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	384.60				
Name of Employer Kindred Healthcare Inc.	Occupation  EVPStrategyPolicy&IntCare					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name (Last, First, Middle Initial)  C. Steven Monaghan	<u>'</u>	Date of Receipt				
Mailing Address 222 East Witherspoon #1203		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Louisville	State Zip Code KY 40202-6318	Transaction ID : PR1094200742034  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	320.00				
Name of Employer	Occupation					
Kindred Healthcare Inc.	President-HD					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2352.00	P/R Deduction (\$160.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optic	onal)	756.60				
	number only)					

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 33						
	(check only one)							
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	13 14	15 16 17						
not be sold or used by any person for the purpose of soliciting contributions								

Any information copied from such Reports and Statements may 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) John Miner Date of Receipt Mailing Address 4730 Dunnie Drive 31 2015 City State Zip Code Transaction ID: PR1094202142034 FL Tampa 33614-1496 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Sr CFO I Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Julie Feasel Date of Receipt Mailing Address 733 Chicago Avenue APT. 509 07 31 2015 City State Zip Code Transaction ID: PR1094203042034 IL 60202-2381 Evanston Amount of Each Receipt this Period FEC ID number of contributing 45.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. **DVP HD** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles D Doten Date of Receipt

Mailing Address 7644 Harbour Blvd. 07 31 2015 City State Zip Code Transaction ID: PR1094203642034 FL Miramar 33023-6566 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Chief Executive Off II Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 16								
	(che	ck only (	one)							
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		13	14		15		16		17	
not be sold or used by any person for the purpose of soliciting contributions										

ny information copied from such Reports and for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Timothy L Simpson  Mailing Address 2924 Majestic Oaks Lane		Date of Receipt
		07 312015
City	State Zip Code	Transaction ID : PR1094204342034
Green Cove Springs	FL 32043-8329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
Kindred Healthcare Inc.	DVP HD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) E. Jane Jackson		Date of Receipt
Mailing Address 43171 Buttermere Terrace		M M / D D / Y Y Y Y Y
City	State Zip Code	07 31 2015 Transaction ID : PR1094205142034
Ashburn	VA 20147-3722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
Kindred Healthcare Inc.	Sr Dir Bus Implementation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Anita Tillery		Date of Receipt
Mailing Address 3512 Raytee Drive		07 31 2015
City	State Zip Code	Transaction ID : PR1094211042034
Chesapeake	VA 23323-1232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
Kindred Healthcare Inc.	Executive Dir II	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		130.00
FOTAL This Desired West was 192 P	, and a	
<b>PAL</b> This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 17 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Donna M Nackers Date of Receipt Mailing Address 1760 Waters Ferry Drive 2015 31 City Zip Code State Transaction ID: PR1094212542034 GΑ Lawrenceville 30043-3176 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Mgr Operational Reimb Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael W Beal Date of Receipt Mailing Address 5518 Merribrook Lane 07 31 2015 City State Zip Code Transaction ID: PR1094214142034 KY 40059-7622 Prospect Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. President NCD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julie Butenko Date of Receipt Mailing Address 1835 Franklin Street # 303 07 31 2015 City Zip Code State Transaction ID: PR1094216942034 CA San Francisco 94109-3455 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **DVP NCD** Kindred Healthcare, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 18 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Gloria J Miller Date of Receipt Mailing Address 3528 Rhett Butler Place 2015 31 City Zip Code State Transaction ID: PR1094222142034 NC Charlotte 28270-4424 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation DVP NCD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ronald D Long Date of Receipt Mailing Address 148 Cheyenne Road 07 31 2015 City State Zip Code Transaction ID: PR1094224542034 KY Shelbyville 40065-1930 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Dir Contract Admin Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. James E. Bell Date of Receipt Mailing Address 14213 Aiken Road 07 31 2015 City Zip Code State Transaction ID: PR1094225042034 KY Louisville 40245-4631 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sr Dir Div Reimb HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 19 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Catharine C Young Date of Receipt Mailing Address 6303 Deep Creek Drive 2015 31 City Zip Code State Transaction ID: PR1094228042034 KY Prospect 40059-9318 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP & Employment Counsel Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia M McGillan Date of Receipt Mailing Address 510 Altagate Rd 07 31 2015 City State Zip Code Transaction ID: PR1094229942034 KY Louisville 40206-2969 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP Pat Saf & Reg Compl HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pete Kalmey Date of Receipt Mailing Address 3502 Hedgewick Place 07 31 2015 City Zip Code State Transaction ID: PR1094232042034 KY Louisville 40245-8497 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Chief Operating Officer H Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 20 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) Mary J Yesue Date of Receipt Mailing Address P.O. Box 921 2015 31 City Zip Code State Transaction ID: PR1094232142034 ME York Harbor 03911-0921 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Dist Dir Clinical Ops Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Edward J Goddard Date of Receipt Mailing Address 32 Peters Lane 07 31 2015 City State Zip Code Transaction ID: PR1094233542034 MA Wrentham 02093-1036 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP Labor Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tamila Johnson-White Date of Receipt Mailing Address 2615 Zhale Smith Rd. 07 31 2015 City Zip Code State Transaction ID: PR1094235442034 KY Lagrange 40031-8098 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **DVP Case Mgmt NCD** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	21 OF	33					
	(check only one)	, –	7					
	X 11a 11b	11c	12					
	13 14	15	16	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 Full Name (Last, First, Middle Initial) A. Douglas Roth Date of Receipt Mailing Address 3272 E. Germania Circle 31 2015 City State Zip Code Transaction ID: PR1094237342034 UT Sandy 84093-2150 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP Operation Finance NCD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Newman Date of Receipt Mailing Address 953 Francis Avenue 07 31 2015 City State Zip Code Transaction ID: PR1094243342034 OH 43209-2419 Bexley Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. **DVP Assisted Living Fac** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Raymond J Sierpina Date of Receipt Mailing Address 14 Westwind Road 07 31 2015 City State Zip Code Transaction ID: PR1094246642034 KY Louisville 40207-1519 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation SVP Pub Pol & Gov Affairs Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 1500.00 Other (specify) 320.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and State or for commercial purposes, other than using the r											
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
Full Name (Last, First, Middle Initial)  Steven Tanner			Date of Receipt								
Mailing Address 1059 Mt Vernon Dr  City	State	Zip Code	07 31 2015 Transaction ID : PR1094246842034								
Greenwood	IN	46142-4718	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer Kindred Healthcare Inc.	Occupation Market Exe										
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial)  3. Benjamin A Breier			Date of Receipt								
Mailing Address 5400 Farm Ridge Lane			07 31 2015								
City Prospect	State KY	Zip Code 40059-7617	Transaction ID : PR1094250942034  Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer Kindred Healthcare Inc.	Occupation Chief Execu										
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name (Last, First, Middle Initial)  Michael L. Moody			Date of Receipt								
Mailing Address 10606 Taylor Farm Ct		7.0.1	07 31 2015								
City Prospect	State KY	Zip Code 40059-9580	Transaction ID : PR1135243742034  Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		80.00								
Name of Employer	Occupation										
Kindred Healthcare Inc.  Receipt For:	DVP HD	Veer to Date W									
Primary	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$40.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			524.60								
TOTAL This Period (last page this line number of	nly)										

	FOR LINE NUMBER: PAGE 23 OF 33								
Use separate schedule(s)	(check only one)	_							
for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	13 14 15 16 17								
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.									
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Josephine Litzenberger Date of Receipt Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201 31 2015 City State Zip Code Transaction ID: PR1135286942034 FL St Petersburg 33716-2313 Amount of Each Receipt this Period FEC ID number of contributing 36.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Sr Cnslt Mgd Care Contrac Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$18.00 Bi-Weekly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory T Hayden Date of Receipt Mailing Address 11542 Independence Way 07 31 2015 City State Zip Code Transaction ID: PR1150400142034 IN Sellersburg 47172-9582 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Dir State Tax Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pamela M Bresee Date of Receipt Mailing Address 4155 SW 192nd Avenue 07 31 2015 City State Zip Code Transaction ID: PR1227852442034 OR Aloha 97007-1424 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Div Ops Analyst Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) 96.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

		R LINE	2	24 OF	33			
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Detailed Summary Page	×	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) Catherine Nurmela Date of Receipt Mailing Address 1409 W. Elmdale Ave Apt 1W 31 2015 City State Zip Code Transaction ID: PR1267998442034 IL 60660-2405 Chicago Amount of Each Receipt this Period FEC ID number of contributing 45.00 federal political committee. Name of Employer Occupation Chief Clinical Off II Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark D. Johnson Date of Receipt Mailing Address 3011 Springcrest Drive 07 31 2015 City State Zip Code Transaction ID: PR1336786742034 KY Louisville 40241-2755 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Mgr Customer Suppoort Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary D Van De Kamp Date of Receipt Mailing Address 251 Arbor Lane 07 31 2015 City Zip Code State Transaction ID: PR1408953142034 WI Green Bay 54301-1655 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **SVP** Quality Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Bi-Weekly) 225.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		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 t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Pamela A. Adams  Mailing Address 6616 Sycamore Bend Trace	e		Date of Receipt
City	State	Zip Code	07 31 2015 Transaction ID : PR1408953242034
Louisville	KY	40291-3780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer  Kindred Healthcare Inc.  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Sr Dir Fin Sy Aggregate	ystems Dev Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Mary Jane Dailey  Mailing Address 10411 Loving Trail Drive			Date of Receipt
TOTTI LOVING TIAIL BING			07 31 2015
City Frisco	State TX	Zip Code 75035-8181	Transaction ID : PR1618127542034  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Kindred Healthcare, Inc.	Occupation VP & CCO S	SE Reg HD	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. David M Mikula			Date of Receipt
Mailing Address 4616 Hallmark Drive			07 31 2015
City Dallas	State TX	Zip Code 75229-2940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer	Occupation		
Kindred Healthcare Inc.	SVP Enterp	rise Sales	
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			280.00
TOTAL This Period (last page this line number		·	

FOR LINE NUMBER: PAGE 26 OF 33 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Lawrence J. Toye Date of Receipt Mailing Address 3 September Lane 2015 31 City Zip Code State Transaction ID: PR1784230842034 01803-1819 Burlington MA Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation Controller Kindred Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carol Falo Date of Receipt Mailing Address 7041 Clubview Dr 07 31 2015 City State Zip Code Transaction ID: PR1784231542034 PA Bridgeville 15017-3600 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Kindred Healthcare Chief Clinical Off II Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kelly A Priegnitz Date of Receipt Mailing Address 160 South St. Gregory Church Road 07 31 2015 City Zip Code State Transaction ID: PR1950875242034 KY Samuels 40013-7455 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation SVP & Chief Compl Officer Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	- I   Y   445     445     440												
		Detailed Summary Page	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 (Last, First, Middle Initial)  A. Matthew B Steinberg			Date of Receipt										
Mailing Address 9009 Anemone Drive			07 31 / Y Y Y Y Y Y Y										
City	State KY	Zip Code 40059-6576	Transaction ID : PR1961243242034										
Prospect	N1	40009-0070	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		40.00										
Name of Employer	Occupation												
Kindred Healthcare, Inc.	VP Litigatio	n Counsel											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial)  3. Jeffrey M Jasnoff	ı		Date of Receipt										
Mailing Address 9012 Coltsfoot Trace			07 31 2015										
City	State	Zip Code	Transaction ID : PR1961243342034										
Prospect	KY	40059-7672	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		100.00										
Name of Employer Kindred Healthcare, Inc.	Occupation SVP Humar	n Resources Ops											
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	P/R Deduction (\$50.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial)  C. Jeffrey P Stodghill			Date of Receipt										
Mailing Address 2002 Kenilworth Place			07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City	State KY	Zip Code	Transaction ID : PR1961243442034										
Louisville	n r	40205-1514	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		100.00										
Name of Employer	Occupation												
Kindred Healthcare, Inc.	VP & Corpo	orate Counsel											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General  Other (specify) ▼		750.00	P/R Deduction (\$50.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			240.00										
TOTAL This Period (last page this line number	r only)												

	FO	R LINE	NU	MBER	:	PAGE	2	28 OF		33	
Use separate schedule(s) for each category of the	(ch	(check only one)									
Detailed Summary Page	<b> </b>	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) James T Flowers Date of Receipt Mailing Address 4020 Gilman Avenue 31 2015 City State Zip Code Transaction ID: PR1975144142034 40207-2112 KY Louisville Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation VP Corp Finance&Treasury Kindred Healthcare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Linda R Kurland Date of Receipt Mailing Address 8125 Trinity Vista Trails 07 31 2015 City State Zip Code Transaction ID: PR1983484242034 TX 76053-7460 Hurst Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. Region Vice President RHB Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Weekly) 1400.00 Other (specify) Full Name (Last, First, Middle Initial) c. James M Douthitt Date of Receipt Mailing Address 160 N Sappington Rd 07 31 2015 City Zip Code State Transaction ID: PR1983484442034 MO Saint Louis 63122-4854 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation **SVP Operations RHB** Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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		R LINE	NU	MBER	:	PAGE 29 OF				33
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	×	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) Patricia M Henry Date of Receipt Mailing Address 2555 N Pearl St #502 31 2015 City State Zip Code Transaction ID: PR1983484542034 75201-2244 TX Dallas Amount of Each Receipt this Period FEC ID number of contributing 190.00 federal political committee. Name of Employer Occupation **Executive Consultant KRS** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$95.00 Bi-Weekly) 1425.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sherrie Sharp Date of Receipt Mailing Address 11 Talais Drive 07 31 2015 City State Zip Code Transaction ID: PR1983484642034 AR Little Rock 72223-9129 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. **DVP Rehab KRS** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Weekly) 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jovena Stucker Date of Receipt Mailing Address 5851 Midnight Moon Dr 07 31 2015 City Zip Code State Transaction ID: PR1983484742034 TX Frisco 75034-0715 Amount of Each Receipt this Period FEC ID number of contributing C 54.00 federal political committee. Name of Employer Occupation Region Vice President RHB Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$27.00 Weekly) 628.00 Other (specify) 294.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: (check only one) PAGE 30 OF 33 Use separate schedule(s)

	Detailed Summary Page	X   11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Possint For:	63119-3621	Date of Receipt  07 31 2015  Transaction ID: PR1983484842034  Amount of Each Receipt this Period  90.00  P/R Deduction (\$45.00 Weekly)
Full Name (Last, First, Middle Initial)  Stephen R Cunanan  Mailing Address 7913 Farm Spring Drive  City State Prospect KY  FEC ID number of contributing federal political committee.	Zip Code 40059-7616	Date of Receipt  07 31 2015  Transaction ID: PR2151070242034  Amount of Each Receipt this Period  350.00
Name of Employer  Kindred Healthcare Inc.  Chief A	ation dmin & CPO gate Year-to-Date ▼  2625.00	P/R Deduction (\$175.00 Bi-Weekly)
Possint For:	40031-9233	Date of Receipt  07 31 2015  Transaction ID: PR2201869442034  Amount of Each Receipt this Period  20.00  P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	·····	460.00

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for each category of the Detailed Summary Page	X	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) Stephen Farber Date of Receipt Mailing Address 3611 Glenview Avenue 2015 31 City Zip Code State Transaction ID: PR2201869642034 40025-7502 KY Glenview Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. Name of Employer Occupation Exec VP & CFO Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Cyd Doverspike Date of Receipt Mailing Address P.O. Box 159 07 31 2015 City State Zip Code Transaction ID: PR2204224042034 LA Larose 70373-0159 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Region Vice President KHR Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Weekly) 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. John David Cross Date of Receipt Mailing Address 1731 Randons Point Drive. 07 31 2015 City Zip Code State Transaction ID: PR2204224142034 TX Sugar Land 77478-4270 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation **DVP HD** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 750.00 Other (specify) 574.60 SUBTOTAL of Receipts This Page (optional).....

7097.80

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 OF 33 (check only one)				
			for each category of the					
			Detailed Summary Page	11a   11b   11c   12 13   14   15   X   16   17				
	ny 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 (Last, First, Middle Initial) Friends for Harry Reid	Date of Receipt						
	Mailing Address PO Box 19163	07 10 / Y = Y = Y = Y						
	City	State	Zip Code	Transaction ID : 67109639				
	Las Vegas	NV	89132	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C co	0204370	5000.00				
	Name of Employer	Occupation	1					
	Receipt For: 2016 Primary General	Aggregate	Year-to-Date ▼	Refund of Contribution				
	Other (specify)		5000.00	Tograna or Continuation				
В.	Full Name (Last, First, Middle Initial)	Date of Receipt						
	Mailing Address							
	City	State	Zip Code					
		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	me of Employer Occupation						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		A A A .					
— С.	Full Name (Last, First, Middle Initial)	Date of Receipt						
0.	Mailing Address	M = M / D = D / Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		Amount of Each necept this Period				
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	991 09410						
	Other (specify) ▼							
5	SUBTOTAL of Receipts This Page (optional)			5000.00				

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

5000.00

SCHEDULE B (FEC Form 3X)	I llos soporete cobodulo(s) I		FOR LINE N	NUMBER:	PAGE 33 OF 33			
TEMIZED DISBURSEMENTS			(check only one)					
		ummary Page	21b 27	22 28a	23 28b	24 25 26 28c 29 30b		
Anninformation against from such Danasta and Chaten		-						
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
Kindred Healthcare, Inc. PAC								
/ Mindred Fleditilodic, inc. 1746								
Full Name (Last, First, Middle Initial)								
Tiberi for Congress					Date of Disbursement			
Mailing Address 2024 F Dublin Cranvilla Bood		07 08 2015						
Mailing Address 2931 E Dublin Granville Road Suite 190					06	2013		
City State Zip Code						0500554		
Columbus	OH	43231-2098		Irans	action ID : 6	5533551		
Purpose of Disbursement Contribution			244					
Candidate Name			011	Amount	of Each Dis	sbursement this Period		
Rep. Patrick J. Tiberi			Category/	Ι.		1500.00		
	nent For: 20	116	Туре		7	7		
	Primary	General		Contribu	tion			
President	Other (speci	fy) 🔻		Continuo	dioi1			
State: OH District: 12								
Full Name (Last, First, Middle Initial)								
Searchlight Leadership Fund					Date of Disbursement  07 08 2015			
M.W. All								
Mailing Address 700 13th Street NW, Suite 600					08	2015		
City State Zip Code								
Washington	DC	20005		Trans	action ID: 6	6562242		
Purpose of Disbursement Contribution								
	011	Amount of Each Disbursement this Period						
Searchlight Leadership Fund	Candidate Name  Cat					5000.00		
Office Sought: House Disbursen	nent For:	Type			,	7		
	Primary	General		Contribu	ıtion			
President	Other (speci	fy) 🔻		Continue	illori			
State: District:								
Full Name (Last, First, Middle Initial)								
					Date of Disbursement			
Mailling Address								
Mailing Address								
O'th.								
City	State	Zip Code						
	State	Zip Code						
Purpose of Disbursement	State	Zip Code		<u> </u>				
Purpose of Disbursement	State	Zip Code		Amount	of Each Dis	sbursement this Period		
	State	Zip Code	Category/	Amount	of Each Dis	bursement this Period		
Purpose of Disbursement  Candidate Name		Zip Code	Category/ Type	Amount	of Each Dis	sbursement this Period		
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursen		Zip Code		Amount	of Each Dis			
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursen Senate	nent For:	General		Amount	of Each Dis			
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursen Senate	nent For: Primary	General		Amount	of Each Dis			
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursen Senate President	nent For: Primary	General		Amount	of Each Dis	4		
Purpose of Disbursement  Candidate Name  Office Sought: House Disbursen Senate President	nent For: Primary Other (speci	General fy) ▼	Type	Amount	of Each Dis			
Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  State: District:	nent For: Primary Other (speci	General fy) ▼	Type	Amount	of Each Dis	4		