

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 06 / 01 / 2018 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2018

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 Sierpina, Raymond, , ,

Signature of Treasurer Sierpina, Raymond, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 20 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2018"/>		<input type="text" value="171730.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77260.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3110.40"/>	<input type="text" value="36340.80"/>
(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="80371.17"/>	<input type="text" value="208071.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="80371.17"/>	<input type="text" value="208071.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	2681.40	24614.30
(ii) Unitemized	429.00	11726.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3110.40	36340.80
(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)	3110.40	36340.80
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.....	0.00	0.00
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)).....▶	3110.40	36340.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3110.40	36340.80

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.....	7871.17	7871.17
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	198200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	2000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	80371.17	208071.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80371.17	208071.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	3110.40	36340.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3110.40	36340.80
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 :

Per Kina Letcher's phone conversation with Nicholas Tarone on July 20, 2018, the July 20th Monthly Report is being filed as a Termination Report since the PAC had a zero balance on June 30, 2018.

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: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Windhorst, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Spring Farms Road
 City Floysds Knobs State IN Zip Code 47119-9722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Financial Systems Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094185060545
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Gooch, Catherine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Fin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094185960545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Gillenwater, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 Erin Drive
 City Jeffersonville State IN Zip Code 47130-5290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir IS Administration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094186460545
 Amount of Each Receipt this Period 17.50
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	77.50
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 8 OF 27
	<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
-----------------------------	-----------------------------	-----------------------------

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. Wardrip, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094187960545
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. Dobler, Stephen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Finance Admin & HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094188060545
 Amount of Each Receipt this Period 105.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

C. Billingsley, Linn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 122
 City Blue Diamond State NV Zip Code 89004-0122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Reg Ops HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094189860545
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	210.00
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 9 OF 27
	<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	

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. Foster, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 E Holly Street
 Apt # G-15
 City Pasadena State CA Zip Code 91103-3935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Executive Off III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094190360545
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Muldoon, Sean, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Talahi Way
 City Louisville State KY Zip Code 40207-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP & Chief Med Off HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094192260545
 Amount of Each Receipt this Period 190.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

C. Day, Joel, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Operations CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094193160545
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	255.00
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 10 OF 27
<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. Moss, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 Westwind Road
 City Louisville State KY Zip Code 40207-1545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Mktg & Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094193360545
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Grannan, Charles Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7109 Cannonade Court
 City Prospect State KY Zip Code 40059-9332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094193960545
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

C. Bean, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 Hill Top Road
 City Louisville State KY Zip Code 40207-2222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094195160545
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 27
<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. Woods, Anne, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7420 Falls Ridge Ct.
 City Louisville State KY Zip Code 40241-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094195460545
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. Lucchese, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP & Chief Accting Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094195960545
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Landenwich, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094196360545
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	215.00
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 12 OF 27
	(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. Altman, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) EVP CSO & Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094198060545
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Simpson, Timothy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13882 Ketch Cove Drive
 City Jacksonville State FL Zip Code 32224-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Reg Ops HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094204360545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Johnson-White, Tamila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP & Chief Compl Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094235460545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	232.30
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 13 OF 27
	<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	

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. Sierpina, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Westwind Road
 City Louisville State KY Zip Code 40207-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Pub Pol & Gov Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR109424660545
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Breier, Benjamin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5718 Harrods Glen Drive
 City Prospect State KY Zip Code 40059-7644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1094250960545
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Moody, Michael, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10606 Taylor Farm Ct
 City Prospect State KY Zip Code 40059-9580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Sales & Bus Devlp HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1135243760545
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	342.30
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 27
	(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. Viers, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9508 Corinthian Dr
 City Louisville State KY Zip Code 40299-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP & Asst Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1150400560545
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

B. Adams, Pamela, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6616 Sycamore Bend Trace
 City Louisville State KY Zip Code 40291-3780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Fin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1408953260545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Steinberg, Matthew, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9009 Anemone Drive
 City Prospect State KY Zip Code 40059-6576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Litigation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961243260545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	75.00
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 27
<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. Jasnoff, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Human Resources Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961243360545
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Stodghill, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 Cypress Springs Place
 City Louisville State KY Zip Code 40245-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) VP & Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961243460545
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Flowers, James, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4024 St. Germaine Court
 City Louisville State KY Zip Code 40207-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Corp Fin & Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1975144160545
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
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 16 OF 27 (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

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. Sharp, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) DVP Rehab KRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1983484660545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Willman, Mary, Claire, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Belleview Avenue
 City Saint Louis State MO Zip Code 63119-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) DVP Sales KRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1983484860545
 Amount of Each Receipt this Period 45.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Cunanan, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7913 Farm Spring Drive
 City Prospect State KY Zip Code 40059-7616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Admin & CPO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2151070260545
 Amount of Each Receipt this Period 175.00
 Memo Item
 P/R Deduction (\$175.00 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:	PAGE 17 OF 27
	(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. Farber, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5807 Harrods Glen Drive
 City Prospect State KY Zip Code 40059-7650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Exec VP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2201869660545
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Doverspike, Cyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 159
 City Larose State LA Zip Code 70373-0159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Region KHRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2204224060545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Cross, John, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1731 Randons Point Drive.
 City Sugar Land State TX Zip Code 77478-4270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Market CEO I HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2204224160545
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	312.30
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 27
	(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"/> 15
	<input type="checkbox"/> 12	<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. Haglund, Matthew, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Mayfair Circle

City Orlando	State FL	Zip Code 32803-6624
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Kindred Healthcare Inc.	Occupation (for Individual) VP Reg Sales Hospice
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : PR2290457360545

Amount of Each Receipt this Period
 20.00

Memo Item

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

B. Zachariah, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 Anchorage Woods Circle

City Louisville	State KY	Zip Code 40223-2370
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Kindred Healthcare, Inc.	Occupation (for Individual) President KRS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : PR2325313660545

Amount of Each Receipt this Period
 25.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

C. Compton, Rachel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Edgebrook Dr

City Phillips Ranch	State CA	Zip Code 91766-4769
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Kindred Healthcare, Inc.	Occupation (for Individual) DVP Region KHRS
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 06 / 30 / 2018
Transaction ID : PR2326240960545

Amount of Each Receipt this Period
 40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	85.00
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 19 OF 27
	(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. Koehler, Hans, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4512 Augusta National Drive
 City Floyds Knobs State IN Zip Code 47119-9638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc Occupation (for Individual) SVP Liability Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR2360639860545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Johnson, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Grande Loch
 City Roswell State GA Zip Code 30075-2268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Enterprise Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR2479927960545
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Crawford, Heather, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14152 Via Lucio
 City Tustin State CA Zip Code 92780-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Clinical Ops HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 30 / 2018**
Transaction ID : PR2526280160545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	140.00
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 20 OF 27
	<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	

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. Jackson, Garrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3518 Hedgewick Place
 City Louisville State KY Zip Code 40245-8497
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP CFO HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2527153960545
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Albrecht, Stephen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 578 N. Audubon Road
 City Indianapolis State IN Zip Code 46219-5835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2528719260545
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Bailey, Russell, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 Mountain Peak Drive
 City Haslet State TX Zip Code 76052-4825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR2541878460545
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	2681.40

**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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. Gentiva Health Services Inc PAC GentivaPAC

Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Parkway, Suite 1400

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Transfer to affiliated committee

Candidate Name
Gentiva Health Services Inc PAC GentivaPAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2018

FEC Identification Number: C00407080
Transaction ID : 78063218

Amount of Each Disbursement this Period: 7000.00

Memo Item

B. Gentiva Health Services Inc PAC GentivaPAC

Full Name (Last, First, Middle Initial)

Mailing Address 3350 Riverwood Parkway, Suite 1400

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Transfer to affiliated committee

Candidate Name
Gentiva Health Services Inc PAC GentivaPAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2018

FEC Identification Number: C00407080
Transaction ID : 78128115

Amount of Each Disbursement this Period: 871.17

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7871.17
TOTAL This Period (last page this line number only).....▶	7871.17

**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"/> 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

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. Democratic Congressional Campaign Committee (DCCC)		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 430 South Capitol Street SE, 2nd F		FEC Identification Number C C00000935 Transaction ID : 77883227
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 15000.00 Contribution
Candidate Name Democratic Congressional Campaign Committee (DCCC)		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee (DSCC)		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 120 Maryland Avenue NE		FEC Identification Number C C00042366 Transaction ID : 77883228
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 15000.00 Contribution
Candidate Name Democratic Senatorial Campaign Committee (DSCC)		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PAC to the Future		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 700 13th Street NW, Suite 600		FEC Identification Number C C00344234 Transaction ID : 77883229
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00 Contribution
Candidate Name PAC to the Future		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	35000.00
TOTAL This Period (last page this line number only).....▶	

**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"/> 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

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. Hoyer for Congress

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name
Hoyer, Steny, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 05

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number

C C00140715

Transaction ID : 77883230

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran for Congress

Mailing Address PO Box 63992

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement Contribution

Candidate Name
O'Halleran, Tom, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number

C C00582890

Transaction ID : 77883231

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Yarmuth for Congress

Mailing Address 2018 Brownsboro Road

City Louisville State KY Zip Code 40206

Purpose of Disbursement Contribution

Candidate Name
Yarmuth, John, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: KY District: 03

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number

C C00419630

Transaction ID : 77883232

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

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"/> 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

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. Richard E Neal For Congress Committee		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 76 Magnolia Terrace		FEC Identification Number C00226522 Transaction ID : 77883233
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Neal, Richard, E., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MA District: 01	

Full Name (Last, First, Middle Initial) B. Delbene for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 477		FEC Identification Number C00459099 Transaction ID : 77883234
City Kirkland	State WA	Zip Code 98083
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name DelBene, Suzan, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: WA District: 01	

Full Name (Last, First, Middle Initial) C. Capuano for Congress Committee		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 440305		FEC Identification Number C00336388 Transaction ID : 77883235
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Capuano, Michael, E., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MA District: 07	

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

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

7500.00

**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"/> 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

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. Pallone for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 3176		FEC Identification Number C00226928 Transaction ID : 77883236
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Pallone, Frank, , Rep., Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Stephanie Murphy for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 205		FEC Identification Number C00620443 Transaction ID : 77883237
City Winter Park	State FL	Zip Code 32790
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Murphy, Stephanie, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 07	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Stephanie Murphy for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 205		FEC Identification Number C00620443 Transaction ID : 77883238
City Winter Park	State FL	Zip Code 32790
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Murphy, Stephanie, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 07	<input type="checkbox"/> Memo Item

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

7500.00

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

**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"/> 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

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. Darren Soto for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 420239		FEC Identification Number C00581074 Transaction ID : 77883239
City Kissimmee	State FL	Zip Code 34742
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Soto, Darren, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: FL District: 09	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Darren Soto for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address PO Box 420239		FEC Identification Number C00581074 Transaction ID : 77883240
City Kissimmee	State FL	Zip Code 34742
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Soto, Darren, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: FL District: 09	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nancy Pelosi for Congress		Date of Disbursement MM / DD / YYYY 06 / 01 / 2018
Mailing Address 700 13th Street NW, Suite 600		FEC Identification Number C00213512 Transaction ID : 77884081
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name Pelosi, Nancy, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: CA District: 12	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

7500.00

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"/> 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

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. Josh Hawley for Senate

Full Name (Last, First, Middle Initial)
Mailing Address 150 Long Road, Suite 50

City Chesterfield State MO Zip Code 63005

Purpose of Disbursement Contribution
Candidate Name **Hawley, Joshua, , Mr.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MO District:

Date of Disbursement: 06 / 12 / 2018

FEC Identification Number: **C00652727**
Transaction ID : **77993626**
Amount of Each Disbursement this Period: 2500.00
Contribution
 Memo Item

B. Cramer for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502-0396

Purpose of Disbursement Contribution
Candidate Name **Cramer, Kevin, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: ND District:

Date of Disbursement: 06 / 12 / 2018

FEC Identification Number: **C00504704**
Transaction ID : **77993627**
Amount of Each Disbursement this Period: 2500.00
Contribution
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: / /

FEC Identification Number: **C**
Amount of Each Disbursement this Period:
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	72500.00