

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 M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

03 / 01 / 2015 through 03 / 31 / 2015

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 Raymond Sierpina

Signature of Treasurer Raymond Sierpina [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

04 / 13 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="73544.31"/>	<input type="text" value="73544.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33856.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="106268.80"/>	<input type="text" value="125081.40"/>
(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="140125.71"/>	<input type="text" value="198625.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28500.00"/>	<input type="text" value="87000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="111625.71"/>	<input type="text" value="111625.71"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4707.80	10401.40
(ii) Unitemized	3331.00	13790.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8038.80	24191.40
(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)	8038.80	24191.40
12. Transfers From Affiliated/Other Party Committees.....	98230.00	100890.00
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))..... ▶	106268.80	125081.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	106268.80	125081.40

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
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.....	21000.00	21000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	66000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28500.00	87000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28500.00	87000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8038.80	24191.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8038.80	24191.40
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

**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 6 OF 18
<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. David R Windhorst
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Spring Farms Road

City State Zip Code
Floyds Knobs IN 47119-9722

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

Name of Employer Occupation
Kindred Healthcare Inc. VP Financial Systems Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
03 / 31 / 2015

Transaction ID : PR1094185040179

Amount of Each Receipt this Period
80.00

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

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

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code
Louisville KY 40245-5307

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

Name of Employer Occupation
Kindred Healthcare Inc. SVP & Chief Tech Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
03 / 31 / 2015

Transaction ID : PR1094187940179

Amount of Each Receipt this Period
90.00

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

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

Mailing Address 1106 Holly Springs Drive

City State Zip Code
Louisville KY 40242-7771

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
03 / 31 / 2015

Transaction ID : PR1094188040179

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 7 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Martin Ardron

Mailing Address 41 La Sierra Dr.

City State Zip Code
 Phillips Ranch CA 91766-4703

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

Name of Employer Occupation
 Kindred Healthcare Inc. DVP HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 03 / 31 / 2015
Transaction ID : PR1094189140179

Amount of Each Receipt this Period
 200.00

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

Full Name (Last, First, Middle Initial)
B. Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City State Zip Code
 Louisville KY 40207-3856

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

Name of Employer Occupation
 Kindred Healthcare Inc. SVP & Chief Med Off HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1140.00

Date of Receipt
 03 / 31 / 2015
Transaction ID : PR1094192240179

Amount of Each Receipt this Period
 380.00

P/R Deduction (\$190.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Joel W Day

Mailing Address 2017 Spring Farms Drive

City State Zip Code
 Floyds Knobs IN 47119-9723

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

Name of Employer Occupation
 Kindred Healthcare Inc. SVP CFO NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 31 / 2015
Transaction ID : PR1094193140179

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 680.00

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 8 OF 18
<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. Susan Moss
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc.	Occupation SVP Mktg & Communications
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : PR1094193340179

Amount of Each Receipt this Period

80.00

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

B. Charles Michael Grannan
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc.	Occupation VP Purchasing
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : PR1094193940179

Amount of Each Receipt this Period

70.00

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

C. Michael J Bean
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc.	Occupation VP Tax
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : PR1094195140179

Amount of Each Receipt this Period

80.00

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

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 9 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 7420 Falls Ridge Ct.

City State Zip Code
Louisville KY 40241-6400

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

Name of Employer Occupation
Kindred Healthcare Inc. VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1094195440179

Amount of Each Receipt this Period
90.00

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

Full Name (Last, First, Middle Initial)
B. John Lucchese

Mailing Address 14401 Broad Oak Place

City State Zip Code
Louisville KY 40245-5136

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

Name of Employer Occupation
Kindred Healthcare Inc. SVP & Chief Accting Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1094195940179

Amount of Each Receipt this Period
192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Joseph Landenwich

Mailing Address 1822 Casselberry Road

City State Zip Code
Louisville KY 40205-1632

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

Name of Employer Occupation
Kindred Healthcare Inc. Co Gen Counsel & Corp Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1094196340179

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 402.00

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 18
	<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

Full Name (Last, First, Middle Initial) A. William M Altman			Date of Receipt 03 / 31 / 2015 Transaction ID : PR1094198040179
Mailing Address 9103 Lexington Lane			Amount of Each Receipt this Period 384.60
City Louisville	State KY	Zip Code 40241-2423	P/R Deduction (\$192.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation EVPStrategyPolicy&IntCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1153.80	

Full Name (Last, First, Middle Initial) B. Michael Comer			Date of Receipt 03 / 31 / 2015 Transaction ID : PR1094200440179
Mailing Address 12 Lewis			Amount of Each Receipt this Period 70.00
City Irvine	State CA	Zip Code 92620-3362	P/R Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation VP & CFO West Reg HD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Steven Monaghan			Date of Receipt 03 / 31 / 2015 Transaction ID : PR1094200740179
Mailing Address 222 East Witherspoon Drive #1203			Amount of Each Receipt this Period 312.00
City Louisville	State KY	Zip Code 40202-6318	P/R Deduction (\$156.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kindred Healthcare Inc.	Occupation President-HD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 936.00	

SUBTOTAL of Receipts This Page (optional).....▶	766.60
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 11 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Douglas Roth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3272 E. Germania Circle
 City State Zip Code
 Sandy UT 84093-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kindred Healthcare Inc. VP Operation Finance NCD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1094237340179
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1094246640179
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Benjamin A Breier
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 Farm Ridge Lane
 City State Zip Code
 Prospect KY 40059-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kindred Healthcare Inc. President&COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1094250940179
 Amount of Each Receipt this Period
 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 664.60
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
	<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

Full Name (Last, First, Middle Initial) A. Michael L. Moody			Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 10606 Taylor Farm Ct			Transaction ID : PR1135243740179
City Prospect	State KY	Zip Code 40059-9580	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation DVP HD	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey M Jasnoff			Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 9012 Coltsfoot Trace			Transaction ID : PR1961243340179
City Prospect	State KY	Zip Code 40059-7672	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer Kindred Healthcare, Inc.	Occupation SVP Human Resources Ops	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey P Stodghill			Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 2002 Kenilworth Place			Transaction ID : PR1961243440179
City Louisville	State KY	Zip Code 40205-1514	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer Kindred Healthcare, Inc.	Occupation VP & Corporate Counsel	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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 13 OF 18
	<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. Linda R Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8125 Trinity Vista Trails
 City State Zip Code
 Hurst TX 76053-7460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1983484240179
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Weekly)

B. Patricia M Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 2555 N Pearl St #502
 City State Zip Code
 Dallas TX 75201-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation EVP President RehabCare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1983484540179
 Amount of Each Receipt this Period
 190.00
 P/R Deduction (\$95.00 Bi-Weekly)

C. Mary Claire Willman
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Belleview Avenue
 City State Zip Code
 Saint Louis MO 63119-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation DVP Sales RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : PR1983484840179
 Amount of Each Receipt this Period
 90.00
 P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 14 OF 18
	<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. Stephen R Cunanan
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Chief People Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR2151070240179
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$175.00 Bi-Weekly)

B. Stephen Farber
 Full Name (Last, First, Middle Initial)
 Mailing Address 3611 Glenview Avenue
 City Glenview State KY Zip Code 40025-7502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Exec VP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 31 / 2015
Transaction ID : PR2201869640179
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. John David Cross
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR2204224140179
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	834.60
TOTAL This Period (last page this line number only).....▶	4707.80

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

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

FOR LINE NUMBER: PAGE 15 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Gentiva Health Services Inc PAC GentivaPAC

Mailing Address 3350 Riverwood Parkway, Suite 1400

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00407080

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : 65142427

Amount of Each Receipt this Period
2230.00

Full Name (Last, First, Middle Initial)
B. Gentiva Health Services Inc PAC GentivaPAC

Mailing Address 3350 Riverwood Parkway, Suite 1400

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00407080

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100890.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015
Transaction ID : 65142428

Amount of Each Receipt this Period
96000.00

Transfer from affiliated committee

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	98230.00
TOTAL This Period (last page this line number only).....▶	98230.00

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

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. Gentiva Health Services Inc PAC GentivaPAC

Mailing Address 3350 Riverwood Parkway, Suite 1400

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Transfer to affiliated committee

008

Candidate Name
Gentiva Health Services Inc PAC GentivaPAC

Category/
Type

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 65142429

Amount of Each Disbursement this Period

21000.00

Transfer to affiliated committee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

21000.00

21000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. Becerra for Congress

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : 64694382

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : 64698467

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2015

Transaction ID : 64748368

Amount of Each Disbursement this Period

1500.00

Contribution

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

5000.00

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

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. Friends of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Todd Christopher Young

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 64967617

Amount of Each Disbursement this Period

Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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