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Image# 15970338216

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	Horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Kindred Healthcare, Ir	nc. PAC		
ADDRESS (number and street)	680 S. Fourth St.		
Check if different			
than previously reported. (ACC)	Louisville		KY 40202 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	ГҮ▲	STATE ▲ ZIP CODE ▲
C C00242271		S THIS X NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	7 20 (M3) Jun 20 (M	Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (	PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (	Floatio	on on	in the State of
Year-End Report (*  July 31 Mid-Year  Report (Non-election  Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report	Report for the:		
(TER)	Election	on on	in the State of
5. Covering Period 0		through 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined the	his Report and to the best of	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Raymond Sierpina		
Signature of Treasurer Rayı	mond Sierpina	[Electronically Filed]	Date 04 / 13 / 2015
NOTE: Submission of false, error	neous, or incomplete informatio	n may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

FE	EC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	ype Committee Name		
Kindre	d Healthcare, Inc. PAC		
Report Co	overing the Period: From: 03	3 01 2015 To	: 03 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Ca	ash on Hand  January 1,  2015		73544.31
` '	ash on Hand at eginning of Reporting Period	33856.91	
(c) To	tal Receipts (from Line 19)	106268.80	125081.40
6(	abtotal (add Lines 6(b) and c) for Column A and Lines a) and 6(c) for Column B)	140125.71	198625.71
. Total D	isbursements (from Line 31)	28500.00	87000.00
Report	on Hand at Close of ng Period ct Line 7 from Line 6(d))	111625.71	111625.71
the Co	and Obligations Owed <b>TO</b> mmittee (Itemize all on alle C and/or Schedule D)	0.00	
the Co	and Obligations Owed BY mmittee (Itemize all on ale C and/or Schedule D)	0.00	

#### 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

Kiliuleu neallicale, ilic.	dred Healthcare, Inc	. PAC
----------------------------	----------------------	-------

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4707.00	40404.40
(i) Itemized (use Schedule A)	4707.80	10401.40
(ii) Unitemized	3331.00	13790.00
(iii) TOTAL (add	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
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		04404 40
Totals to Line 33, page 5)	8038.80	24191.40
Transfers From Affiliated/Other		
Party Committees	98230.00	100890.00
All Loans Received	0.00	0.00
All Edula Hodelved		
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	9 9
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIOIII Ochedule 110)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 201111 ( 0.100 ( 0.100 0.100 0.10 ) 11111111		7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	106268.80	125081.40
Total Enderal Pagainta		
Total Federal Receipts	106269 90	125004.40
(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		Total This Period		
(a)	rating Expenditures: — Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date	
	(i) Federal Share	0.00	0.00	
	()			
4. \	(ii) Non-Federal Share	0.00	0.00	
	Other Federal Operating	0.00	0.00	
	Expenditures  Total Operating Expenditures	0.00	0.00	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00	
	sfers to Affiliated/Other Party	7		
Com	ımittees	21000.00	21000.00	
Fede	tributions to eral Candidates/Committees Other Political Committees	7500.00	66000.00	
Inde	pendent Expenditures			
(use	Schedule E)rdinated Party Expenditures	0.00	0.00	
(2 U	I.S.C. §441a(d)) Schedule F)	0.00	2.22	
(use	Schedule F)	0.00	0.00	
Loar	n Repayments Made	0.00	0.00	
Loai	Triopayments Made	7 7		
	ns Made	0.00	0.00	
	Inds of Contributions To: Individuals/Persons Other			
(α)	Than Political Committees	0.00	0.00	
	Ē			
	Political Party Committees	0.00	0.00	
` '	Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	7	
(d)	Total Contribution Refunds			
` '	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
	-			
Othe	er Disbursements	0.00	0.00	
			,	
	eral Election Activity (2 U.S.C. §431(20))			
. ,	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	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Tota	I Disbursements (add Lines 21(c), 22,			
	24, 25, 26, 27, 28(d), 29 and 30(c))	28500.00	87000.00	
_0, /	,,,,,,,,,,	2000.00	57000.00	
Tota	Federal Disbursements			
(sub	tract 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) III. Net Contributions/Operating Ex-

penditures

(from Line 11(d), page 3) .....

(from Line 28(d)).....

(subtract Line 34 from Line 33) .....

(add Line 21(a)(i) and Line 21(b)) ........▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36) .....

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 8038.80 24191.40 0.00 0.00 8038.80 24191.40 0.00 0.00 0.00 0.00 0.00 0.00

FOR LINE NUMBER: (check only one) PAGE 6 OF 18 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial)  David R Windhorst  Mailing Address 2000 Spring Farms Road  City Floyds Knobs  FEC ID number of contributing federal political committee.  Name of Employer  Kindred Healthcare Inc.  Receipt For:	State Zip Code IN 47119-9722  C  Occupation VP Financial Systems Dev  Aggregate Year-to-Date ▼	Date of Receipt  03 31 2015  Transaction ID : PR1094185040179  Amount of Each Receipt this Period  80.00
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Charles Wardrip  Mailing Address 2805 Chestnut Ridge Place  City  Louisville	State Zip Code KY 40245-5307	Date of Receipt  03 31 2015  Transaction ID: PR1094187940179  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Kindred Healthcare Inc.	Occupation	90.00
Receipt For:  Primary General  Other (specify) ▼	SVP & Chief Tech Officer  Aggregate Year-to-Date ▼  270.00	P/R Deduction (\$45.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Stephen M Dobler  Mailing Address 1106 Holly Springs Drive		Date of Receipt  03 31 2015
City Louisville  FEC ID number of contributing federal political committee.	State Zip Code KY 40242-7771	Transaction ID : PR1094188040179  Amount of Each Receipt this Period  200.00
Name of Employer  Kindred Healthcare Inc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation  VP IS Finance & Admin  Aggregate Year-to-Date ▼  600.00	P/R Deduction (\$100.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		370.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: (check only one) PAGE 7 OF 18 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a	
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  Martin Ardron  Mailing Address 41 La Sierra Dr.  City Phillips Ranch  FEC ID number of contributing federal political committee.  Name of Employer Kindred Healthcare Inc.  Receipt For: Primary  General	State Zip Code CA 91766-4703  C  Occupation DVP HD  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Other (specify)   Full Name (Last, First, Middle Initial)	600.00	P/R Deduction (\$100.00 Bi-Weekly)	
3. Sean R Muldoon  Mailing Address 239 Fairfax Avenue  City	State Zip Code	Date of Receipt  03 31 2015  Transaction ID: PR1094192240179	
Louisville	KY 40207-3856	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	380.00	
Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation SVP & Chief Med Off HD  Aggregate Year-to-Date ▼  1140.00	P/R Deduction (\$190.00 Bi-Weekly)	
Full Name (Last, First, Middle Initial)  Joel W Day		Date of Receipt	
Mailing Address 2017 Spring Farms Drive		03 31 2015	
City	State Zip Code	Transaction ID : PR1094193140179	
Floyds Knobs  FEC ID number of contributing federal political committee.	IN 47119-9723	Amount of Each Receipt this Period	
Name of Employer	of Employer Occupation		
Kindred Healthcare Inc.	SVP CFO NCD		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	P/R Deduction (\$50.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)		680.00	
TOTAL This Period (last page this line number	only)		

FOR LINE NUMBER: PAGE 8 OF 18 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Receipt For: Aggreg	Zip Code 40207-1545  tion tg & Communications ate Year-to-Date ▼	Date of Receipt  03 31 2015  Transaction ID : PR1094193340179  Amount of Each Receipt this Period  80.00
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Charles Michael Grannan  Mailing Address 7109 Cannonade Court  City State	Zip Code	Date of Receipt  03 31 2015  Transaction ID: PR1094193940179
Prospect KY	40059-9332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		70.00
Name of Employer Kindred Healthcare Inc.  Receipt For:  Primary  Other (specify)   Occupa  VP Purc  Aggreg		P/R Deduction (\$35.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Michael J Bean		Date of Receipt
Mailing Address 4304 Hill Top Road		03 31 2015
City State Louisville KY	Zip Code 40207-2222	Transaction ID : PR1094195140179
FEC ID number of contributing federal political committee.	10201 2222	Amount of Each Receipt this Period  80.00
Name of Employer  Kindred Healthcare Inc.  Receipt For:  Primary  Other (specify)   Occupa  VP Tax  Aggreg		P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		230.00
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: **PAGE** 9 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Anne S Woods Date of Receipt Mailing Address 7420 Falls Ridge Ct. 2015 31 City State Zip Code Transaction ID: PR1094195440179 KY Louisville 40241-6400 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Name of Employer Occupation VP Internal Audit Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Lucchese Date of Receipt Mailing Address 14401 Broad Oak Place 03 31 2015 City State Zip Code Transaction ID: PR1094195940179 KY Louisville 40245-5136 Amount of Each Receipt this Period FEC ID number of contributing 192.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. SVP & Chief Accting Off Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$96.00 Bi-Weekly) 576.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Landenwich Date of Receipt Mailing Address 1822 Casselberry Road 03 31 2015 City Zip Code State Transaction ID: PR1094196340179 KY Louisville 40205-1632 Amount of Each Receipt this Period FEC ID number of contributing 120.00 С federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Co Gen Counsel & Corp Sec Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$60.00 Bi-Weekly) 360.00 Other (specify) 402.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the	FOR LINE NUMBER:				PAGE	. 1	10 OI	=	18	
	(check only one)									
Detailed Summary Page	X	11a		11b		11c		12		
Detailed Suffilliary Fage		13		14		15		16		17
y not be sold or used by any pe						_				

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) William M Altman Date of Receipt Mailing Address 9103 Lexington Lane 31 2015 City State Zip Code Transaction ID: PR1094198040179 KY Louisville 40241-2423 Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. EVPStrategyPolicy&IntCare Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Comer Date of Receipt Mailing Address 12 Lewis 03 31 2015 City State Zip Code Transaction ID: PR1094200440179 CA 92620-3362 Irvine Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP & CFO West Reg HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 210.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Steven Monaghan Date of Receipt Mailing Address 222 East Witherspoon Drive 03 31 2015 #1203 City State Zip Code Transaction ID: PR1094200740179 KY Louisville 40202-6318 Amount of Each Receipt this Period FEC ID number of contributing 312.00 С federal political committee. Name of Employer Occupation President-HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$156.00 Bi-Weekly) 936.00 Other (specify) 766.60 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE NUMBER:   PAGE	11 OF	18
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11b 11c	12	
	13 14 15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Douglas Roth Date of Receipt Mailing Address 3272 E. Germania Circle 31 2015 City State Zip Code Transaction ID: PR1094237340179 UT Sandy 84093-2150 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP Operation Finance NCD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Raymond J Sierpina Date of Receipt Mailing Address 14 Westwind Road 03 31 2015 City State Zip Code Transaction ID: PR1094246640179 KY 40207-1519 Louisville Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. SVP Pub Pol & Gov Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Benjamin A Breier Date of Receipt Mailing Address 5400 Farm Ridge Lane 03 31 2015 City State Zip Code Transaction ID: PR1094250940179 KY Prospect 40059-7617 Amount of Each Receipt this Period FEC ID number of contributing 384.60 С federal political committee. Name of Employer Occupation President&COO Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 1153.80 Other (specify) 664.60 SUBTOTAL of Receipts This Page (optional).....

9

- 9

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

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

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Michael L. Moody Date of Receipt Mailing Address 10606 Taylor Farm Ct 2015 31 City State Zip Code Transaction ID: PR1135243740179 KY Prospect 40059-9580 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **DVP HD** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeffrey M Jasnoff Date of Receipt Mailing Address 9012 Coltsfoot Trace 03 31 2015 City State Zip Code Transaction ID: PR1961243340179 KY 40059-7672 Prospect Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. SVP Human Resources Ops Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeffrey P Stodghill Date of Receipt Mailing Address 2002 Kenilworth Place 03 31 2015 City Zip Code State Transaction ID: PR1961243440179 KY Louisville 40205-1514 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation VP & Corporate Counsel Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) 280.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 18 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial)  Linda R Kurland  Mailing Address 8125 Trinity Vista Trails	Linda R Kurland		
City	State Zip Code	03 31 2015 Transaction ID : PR1983484240179	
FEC ID number of contributing federal political committee.	TX 76053-7460	Amount of Each Receipt this Period 200.00	
Kindred Healthcare, Inc.  Receipt For: Primary General	Occupation  Region Vice President SRS  Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Weekly)	
Full Name (Last, First, Middle Initial)  3. Patricia M Henry	600.00	Date of Receipt	
Mailing Address 2555 N Pearl St #502 City Dallas	State Zip Code TX 75201-2244	03 31 2015  Transaction ID : PR1983484540179  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	190.00	
Kindrad Haalthaara Ina	Occupation  EVP President RehabCare  Aggregate Year-to-Date ▼  570.00	P/R Deduction (\$95.00 Bi-Weekly)	
Full Name (Last, First, Middle Initial)  C. Mary Claire Willman		Date of Receipt	
Mailing Address 440 Belleview Avenue	7. 0.4	03 31 2015	
City Saint Louis	State         Zip Code           MO         63119-3621	Transaction ID : PR1983484840179  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	90.00	
. ,	Occupation DVP Sales RHB  Aggregate Year-to-Date ▼  270.00	P/R Deduction (\$45.00 Weekly)	
SUBTOTAL of Receipts This Page (optional)		480.00	
TOTAL This Period (last page this line number or	nly)		

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

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Stephen R Cunanan Date of Receipt Mailing Address 7913 Farm Spring Drive 2015 31 City Zip Code State Transaction ID: PR2151070240179 KY Prospect 40059-7616 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer Occupation Chief People Officer Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$175.00 Bi-Weekly) 1050.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Farber Date of Receipt Mailing Address 3611 Glenview Avenue 03 31 2015 City State Zip Code Transaction ID: PR2201869640179 KY Glenview 40025-7502 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. Exec VP & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 1153.80 Other (specify) Full Name (Last, First, Middle Initial) c. John David Cross Date of Receipt Mailing Address 1731 Randons Point Drive. 2015 03 31 City Zip Code State Transaction ID: PR2204224140179 TX Sugar Land 77478-4270 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation **DVP HD** Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) 834.60 SUBTOTAL of Receipts This Page (optional)..... 4707.80 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 18 (check only one)					
TEMIZED RECEIPTS			for each category of the Detailed Summary Page	11a	11b	11c X 12			
_	and the second transport of th		, ,	13	14	15 16 17			
	ny information copied from such Reports and State for commercial purposes, other than using the na								
$\rangle$	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC								
۹.	Full Name (Last, First, Middle Initial) Gentiva Health Services Inc PAC Gentive	Date of	f Receipt						
	Mailing Address 3350 Riverwood Parkway, Suite			03	03 06 _ 2015				
	City Atlanta	State GA	Zip Code 30339		saction ID : 65 t of Each Red	5142427 ceipt this Period			
	FEC ID number of contributing federal political committee.	C cod	0407080			2230.00			
	Name of Employer	Occupation							
		Aggregate	Year-to-Date ▼						
Primary General  Other (specify) ▼			4890.00						
3.	Full Name (Last, First, Middle Initial) Gentiva Health Services Inc PAC Gen			Date o	f Receipt				
	Mailing Address 3350 Riverwood Parkway, Suite 1	1400		03	10	2015			
	City Atlanta	State GA	Zip Code 30339		action ID : 65	5142428 ceipt this Period			
	FEC ID number of contributing federal political committee.	C C00407080			-	96000.00			
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TEMIZED DISBURSEMENTS    Use separate schedule(s)   Check only one)   Check one)	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 16 OF 18		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of aloiting committee.  NAME OF COMMITTEE (in Full)  Kindred Healthcare, Inc. PAC  Full Name (Last, First, Middle Initial)  City State Zip Code Atlanta Gentiva Health Services Inc PAC GentivaPAC  Oiling Address 3350 Riverwood Parkway, Suite 1400  City State Zip Code Atlanta Gentiva Health Services Inc PAC GentivaPAC  Oiling Sought: General  Oiling Sought: House Principle General  Oiling Sought: Ge	TEMIZED DISBURSEMENTS		(check only 21b	one) X 22	23 24 25 26		
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 HealthCarre, Inc. PAC  Full Name (Last, First, Middle Initial)  City  State Candidate Name  City  State City  State City  State City  State Contributions from such committee  Candidate Name  Citic Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Transfer to affiliated committee  Candidate Name  Citic Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  City  State  City  Category  Type  City  State  City  Category  Type  City  State  City  Category  Category  Type  City  State  City  Category  Category  Category  Category  Category  Category  Category  Category  Condidate Name  Category  Category  City  City  State  City  State  City  State  City  Category							
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> Kindred Healthcare, Inc. PAC					
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Louisville	KY 40201		Transaction ID: 64698467		
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A. Friends of Todd Young, Inc.  Mailing Address PO Box 1053			Date of Disbursement		
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Bloomington	IN 47402		Transaction ID	: 64967617	
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