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FEC FORM 3X

PAGE 1 / 36

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 t over the lines	// 0/ //	12FE4M5		
K	indred Healthcare, In	nc. PAC					
	DRESS (number and street)	680 S. Fourth St.					
	Check if different than previously reported. (ACC)	Louisville			KY	40202	
2.	FEC IDENTIFICATION N			S	STATE 🔺	ZIP COI	DE 🔺
	C C00242271	3.	IS THIS REPORT X	NEW (N) OR	AM (A)	IENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	eb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On. M	lar 20 (M3)	Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (0		pr 20 (M4)	Jul 20 (M7)	× Oct 2	20 (M10)	Jan 31 (YE)
	July 15 Quarterly Report (0	(C) 12-Day	Primary (12P)	General ((12G)	Runoff (12R)
	October 15	Report for the:	Conventio	on (12C)	Special (12S)	
	Quarterly Report (C January 31 Year-End Report (N		ction on	/ D D /	Y Y Y Y Y	in the State of	
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election	General (30G)	Runoff (3	30R)	Special (30S)
	Termination Report (TER)			/ D D /	Y Y Y Y Y	in the State of	
5.	Covering Period		throug	h 09	/ D D / 30	2015	
	ertify that I have examined the or Print Name of Treasure	-	of my knowledge ar	nd belief it is tru	e, correct and	d complete.	
Sigr	nature of Treasurer	nond Sierpina	[Electronic	cally Filed]	ate 10	/ D D / 07	2015
NOT	TE: Submission of false, erron	eous, or incomplete information	tion may subject the	person signing th	is Report to th	ne penalties of 2 L	J.S.C. §437g.
	Office Use Only					FEC FOR Rev. 12/20	

iiiia	30// 201010010002011000		
Γ	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name		
ł	Kindred Healthcare, Inc. PAC		
R	eport Covering the Period: From:	09 01 / Y Y Y Y 2015	To: 09 30 / Y Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		73544.31
	(b) Cash on Hand at Beginning of Reporting Period	150704.47	
	(c) Total Receipts (from Line 19)	28169.80	246829.96
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	178874.27	320374.27
7.	Total Disbursements (from Line 31)	16500.00	158000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162374.27	162374.27
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred 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		
(i) Itemized (use Schedule A)	6872.80	86766.10
()		
(ii) Unitemized	1297.00	26086.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	8169.80	112852.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	8169.80	112852.10
. Transfers From Affiliated/Other		
Party Committees	20000.00	128890.00
. All Loans Received	0.00	0.00
	1 1 1 1 1 1 1	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , ,	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	5087.86
. Other Federal Receipts		
	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	28169.80	246829.90
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	28169.80	246829.9

I

DETAILED SUMMARY PAGE

II Disbursamenta	COLUMN A	Page 4 COLUMN B
II. Disbursements	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(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))► Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	21000.00
Contributions to Federal Candidates/Committees and Other Political Committees	11500.00	130000.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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	0.00	0.00
(add Lines 28(a), (b), and (c))►		0.00
Other Disbursements	5000.00	7000.00
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	0.0
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))► 	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16500.00	158000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	16500.00	158000.00

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	8169.80	112852.10
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8169.80	112852.10
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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36

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	
	y information copied from such Reports and for commercial purposes, other than using th									
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC									
Α.	Full Name (Last, First, Middle Initial) David R Windhorst				Date o	of Re	eceipt			
	Mailing Address 2000 Spring Farms Road				м м 09	/	3		2015	Y
	City	State	Zip Code		Trans	sact	tion ID	: PR1094	1850428	312
	Floyds Knobs	IN	47119-9722	A	Moun	t of	Each	Receipt t	his Perio	d
	FEC ID number of contributing federal political committee.	С					a	7	Ę	30.00
	Name of Employer	Occupation								
	Kindred Healthcare Inc.	VP Financia	al Systems Dev							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	33 3 3		P/	R Dec	duct	ion (\$4	0.00 Bi-W	/eekly)	
	Other (specify)		760.00				-			
	Full Name (Last, First, Middle Initial) Lawrence I Wolf				Date o	of Re	eceipt			
	Mailing Address 4721 N Clark Street #3S				м м	1	3		2015	Y
	City	State	Zip Code		Trans	sact	ion ID	: PR1094	1851428	812
	Chicago	IL	60640-7553	A	moun	t of	Each	Receipt t	his Peric	d
	FEC ID number of contributing federal political committee.	С					,		2	10.00
	Name of Employer	Occupation								
	Kindred Healthcare Inc.	CIO IM								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00] P/	R Ded	lucti	on (\$2	0.00 Bi-W	eekly)	
	Full Name (Last, First, Middle Initial) Catherine A Gooch	I			Date o	of Re	eceipt			
	Mailing Address 14516 Clear Meadow Court				м м 09	/	3		2015	Y
	City	State	Zip Code		Trans	sac	tion ID	: PR1094	185942	812
	Louisville	KY	40245-5264	A	moun	t of	Each	Receipt t	his Peric	d
	FEC ID number of contributing federal political committee.	C					7			40.00
	Name of Employer	Occupation								
	Kindred Healthcare Inc.	Sr Dir Fin S	ystems Dev							
	Receipt For:		Year-to-Date ▼							
	Primary General	, iggi egale		P	R Dec	duct	ion (\$2	0.00 Bi-W	/eekly)	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each catego Detailed Summ	
		used by any person for the purpose of soliciting contributions tical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	;	
Full Name (Last, First, Middle Initial) A. Patrick J Gillenwater		Date of Receipt
Mailing Address 402 Erin Drive	State Zin Code	09 / 09 / 2015
City Jeffersonville	State Zip Code IN 47130-5290	Transaction ID : PR1094186442812
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 35.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Dir IS Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$17.50 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Charles Wardrip		Date of Receipt
Mailing Address 2805 Chestnut Ridge Plac		09 30 2015
City	State Zip Code	Transaction ID : PR1094187942812
Louisville	KY 40245-5307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Chief Information Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$45.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Stephen M Dobler		Date of Receipt
Mailing Address 1106 Holly Springs Drive		09 30 2015
City	State Zip Code	Transaction ID : PR1094188042812
Louisville	KY 40242-7771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	VP IS Finance & Admin	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$100.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional		

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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	IMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
>	Kindred Healthcare, Inc. PAC			
	Full Name (Last, First, Middle Initial) Terry Carrico			Date of Receipt
_	Mailing Address 3011 Wolf Lair Court		7. 0. 1	09 30 / Y Y Y Y Y
	City New Albany	State IN	Zip Code 47150-9587	Transaction ID : PR1094188242812
F	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir Clin S	ystems Devlp	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
• _	Full Name (Last, First, Middle Initial) Martin Ardron Mailing Address 41 La Sierra Dr.		3A	Date of Receipt
_				09 30 2015
	City Rhilling Donah	State CA	Zip Code	Transaction ID : PR1094189142812
F	Phillips Ranch FEC ID number of contributing ederal political committee.	C	91766-4703	Amount of Each Receipt this Period
	Name of Employer Kindred Healthcare Inc.	Occupation DVP HD		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1900.00	P/R Deduction (\$100.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Jan Turk			Date of Receipt
1	Mailing Address 1314 Amelia St.			09 30 / Y Y Y Y 2015
	City New Orleans	State LA	Zip Code 70115-3617	Transaction ID : PR1094190042812 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		40.00
Ī	Name of Employer	Occupation		
	Kindred Healthcare Inc.	Chief Execu	tive Off II	
Ī	Receipt For:	Aggregate '	Year-to-Date ▼	7
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$20.00 Bi-Weekly)
	IBTOTAL of Receipts This Page (optional)			280.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full Kindred Healthcare, Ir)								
Full Name (Last, First, Middle Ir A. Larry Foster Mailing Address 1134 W. Granvi Unit 815	lle Avenue		Date of Receipt						
City	State IL	Zip Code 60660-5049	Transaction ID : PR1094190342812						
Chicago FEC ID number of contributing federal political committee.	C	60660-5049	Amount of Each Receipt this Period						
Name of Employer	Occupation								
Kindred Healthcare Inc.	Chief Exect	utive Off III							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi-Weekly)						
Full Name (Last, First, Middle Ir B. Sean R Muldoon			Date of Receipt						
Mailing Address 239 Fairfax Ave			09 30 2015						
City	State	Zip Code	Transaction ID : PR1094192242812						
Louisville	KY	40207-3856	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		380.00						
Name of Employer	Occupation								
Kindred Healthcare Inc.	SVP & Chie	f Med Off HD							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3610.00	P/R Deduction (\$190.00 Bi-Weekly)						
Full Name (Last, First, Middle Ir C. Deborah R Doddridge	itial)		Date of Receipt						
Mailing Address 312 Hill Street I	NM.		09 30 2015						
City	State	Zip Code	Transaction ID : PR1094193042812						
Depauw	IN	47115-9016	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer	Name of Employer Occupation								
Kindred Healthcare Inc.	Sr Dir Proc	ure Sys & Cap							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page	l (optional)		460.00						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	and Statements may not be sold or used by any p g the name and address of any political committe	person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PA	С						
Full Name (Last, First, Middle Initial) A. Joel W Day		Date of Receipt					
Mailing Address 2017 Spring Farms Drive	2	09 30 2015					
City	State Zip Code	Transaction ID : PR1094193142812					
Floyds Knobs	IN 47119-9723	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	80.00					
Name of Employer	Occupation	—					
Kindred Healthcare Inc.	SVP Operations CFO						
Receipt For:	Aggregate Year-to-Date ▼						
Other (specify) ▼	910.00	P/R Deduction (\$40.00 Bi-Weekly)					
Full Name (Last, First, Middle Initial) B. Susan Moss		Date of Receipt					
Mailing Address 161 Westwind Road		09 30 2015					
City	State Zip Code	Transaction ID : PR1094193342812 Amount of Each Receipt this Period					
Louisville							
FEC ID number of contributing federal political committee.	C	80.00					
Name of Employer	—						
Kindred Healthcare Inc.	SVP Mktg & Communications						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General		P/R Deduction (\$40.00 Bi-Weekly)					
Other (specify)	760.00						
Full Name (Last, First, Middle Initial) C. Michael C Lozier	Date of Receipt						
Mailing Address 7028 Westridge Forest C	09 30 2015						
City	State Zip Code	Transaction ID : PR1094193742812					
Lanesville	IN 47136-9468	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	30.00						
Name of Employer	—						
Kindred Healthcare Inc.							
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	285.00	P/R Deduction (\$15.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona	al)	190.00					

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
	and Statements may not be sold or used by any pe ng the name and address of any political committee	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PA	C							
Full Name (Last, First, Middle Initial) A. Charles Michael Grannan Mailing Address 7109 Cannonade Court		Date of Receipt						
	State Zip Code	09 30 2015						
City Prospect	State Zip Code KY 40059-9332	Transaction ID : PR1094193942812 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	70.00						
Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing	_						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	P/R Deduction (\$35.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) B. Mary Suzanne Riedman		Date of Receipt						
Mailing Address 4308 Hampton Creek Dr		M = M / D = D / Y = Y = Y = Y 09 30 2015						
City Louisville	State Zip Code KY 40241-6423	Transaction ID : PR1094194242812 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	40.00							
Name of Employer Kindred Healthcare Inc.								
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. Michael J Bean	Date of Receipt							
Mailing Address 4304 Hill Top Road		09 30 / Y Y Y Y Y 09 30 2015						
City Louisville	StateZip CodeKY40207-2222	Transaction ID : PR1094195142812 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	80.00							
Name of Employer								
Kindred Healthcare Inc. Receipt For:	_							
Primary General Other (specify)	Aggregate Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al) ►	190.00						

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
				person for the purpose of soliciting contributions be to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC									
Α.	Full Name (Last, First, Middle Initial) Anne S Woods			Date of Receipt						
	Mailing Address 7420 Falls Ridge Ct.		7.0.1	09 / D D / Y Y Y Y 2015						
	City Louisville	State KY	Zip Code 40241-6400	Transaction ID : PR1094195442812						
			10211 0100	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		110.00						
	Name of Employer	Occupation								
	Kindred Healthcare Inc.	VP Internal	Audit							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		885.00	P/R Deduction (\$55.00 Bi-Weekly)						
	Full Name (Last, First, Middle Initial) John Lucchese			Date of Receipt						
Mailing Address 14401 Broad Oak Place				09 30 2015						
	City	State	Zip Code	Transaction ID : PR1094195942812						
	Louisville	KY	40245-5136	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		, 192.00							
	Name of Employer									
	Kindred Healthcare Inc.									
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	.99.094.0		P/R Deduction (\$96.00 Bi-Weekly)						
	Other (specify)	L	1824.00							
C.	Full Name (Last, First, Middle Initial) Rose M Michels	Date of Receipt								
	Mailing Address 6503 Chenoweth Run Road			09 30 2015						
	City	State	Zip Code	Transaction ID : PR1094196042812						
	Louisville	KY	40299-5147	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	30.00								
	Name of Employer									
	Kindred Healthcare Inc.									
	Receipt For:									
	Primary General Other (specify)		Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)						

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	1		11b	11c		12		
	y information copied from such Reports and											
r	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	ie name and a	ddress of any political committee	e to sol	icit co	ntrik	outions	from su	ch co	ommit	tee.	
\rangle	Kindred Healthcare, Inc. PAC											
	Full Name (Last, First, Middle Initial) Joseph Landenwich				Date o	f Re	eceipt					
	Mailing Address 1822 Casselberry Road				м м 09	/	D 3(у 015	Y	
	City Louisville	State KY	Zip Code 40205-1632	A				: PR109 Receipt				
	FEC ID number of contributing federal political committee.	С					7			120	0.00	
	Name of Employer Kindred Healthcare Inc.	Occupation Co Gen Co	unsel & Corp Sec									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1140.00	P/	R Dec	lucti	on (\$6	0.00 Bi-V	/eekl	y)		
	Full Name (Last, First, Middle Initial) Linda M O'Bryan					Date of Receipt						
Mailing Address 1409 Mockingbird Terrace Drive Unit 203 City Louisville FEC ID number of contributing federal political committee.			M = M / D = D / Y = Y = Y = Y Y Q Q 30 2015<									
		State KY		Transaction ID : PR1094196742812 Amount of Each Receipt this Period								
	FEC ID number of contributing	ng C					40.00					
	Name of Employer Kindred Healthcare Inc.	Occupation VP Patient (Care & Qual HD									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00				P/R Deduction (\$20.00 Bi-Weekly)						
	Full Name (Last, First, Middle Initial) Douglas Curnutte					Date of Receipt						
	Mailing Address 1014 Springside Way				м м 09	/	D 3() 15	Y	
	City Louisville	State KY	Zip Code 40223-3786	A				: PR109 Receipt				
	FEC ID number of contributing federal political committee.						7			30	0.00	
	Name of Employer Kindred Healthcare Inc.	Occupation SVP Corporate Devlp										
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00					P/R Deduction (\$15.00 Bi-Weekly)					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Mailing Address 1647 Beechwood Avenue 09 City State Zip Code Louisville KY 40204-1321 FEC ID number of contributing federal political committee. C Amour Name of Employer Occupation Sr Dir HD Reimb Receipt For: Aggregate Year-to-Date ▼ P/R Dec Primary General 494.00 P/R Dec Gity State Zip Code 09 Full Name (Last, First, Middle Initial) Date c 09 B. William M Altman Date c 09 Mailing Address 9103 Lexington Lane C 109 City State Zip Code 109 Louisville KY 40241-2423 P/R Dec City State Zip Code 109 Name of Employer Occupation EVPStrategyPolicy&IntCare P/R Dec Name of Employer Aggregate Year-to-Date ▼ P/R Dec 109 Name of Employer Aggregate Year-to-Date ▼ P/R Dec 109 Name of Employer Aggregate Year-to-Date ▼ 100 100 100 <tr< th=""><th></th></tr<>				
Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) A. Brian L Caudill Mailing Address 1647 Beechwood Avenue City State Zip Code Louisville KY 40204-1321 FEC ID number of contributing federal political committee. C Image: Colored and the state of	ntributions from such committee.			
A. Brian L Caudill Date of Mailing Address 1647 Beechwood Avenue 09 City State Zip Code Transmittee Louisville KY 40204-1321 Amount FEC ID number of contributing tederal political committee. C Primary Occupation Name of Employer Occupation Sr Dir HD Reimb P/R Decide P/R Decide Primary General Other (specify) ▼ 09 P/R Decide P/R Decide B. William M Altman Aggregate Year-to-Date ▼ P/R Decide P/R Decide P/R Decide City State Zip Code Code 09 Transmittee Date of the state 09 City State Zip Code Transmittee Date of the state 09 Transmittee 09 City State Zip Code Transmittee Amount Transmittee P/R Decide 10 Name of Employer Occupation C C P/R Decide 10 10 Name of Employer Occupation EVPStrategyPolicy&IntCare P/R Decide 10 10 10 10				
09 City State Zip Code Louisville KY 40204-1321 FEC ID number of contributing federal political committee. C Name of Employer Occupation Kindred Heathcare Inc. Sr Dir HD Reimb Receipt For:	f Receipt			
Louisville KY 40204-1321 Amour FEC ID number of contributing federal political committee. C Amour Name of Employer Occupation Sr Dir HD Reimb Receipt For: Aggregate Year-to-Date ▼ P/R Dec Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dec Full Name (Last, First, Middle Initial) Date of the committee. Date of the committee. Mailing Address 9103 Lexington Lane C Occupation Trans City State Zip Code Amour FEC ID number of contributing federal political committee. C 09 Name of Employer Occupation EVPStrategyPolicy&IntCare P/R Dec Name of Employer Occupation EVPStrategyPolicy&IntCare P/R Dec Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dec City State Zip Code Trans Mour Mailing Address 22 East Witherspoon Drive 3653.70 P/R Dec City State Zip Code Trans Mailing Address 22 East Witherspoon Drive 09 09 09 <td>/ D = D / Y = Y = Y = Y 30 2015</td>	/ D = D / Y = Y = Y = Y 30 2015			
FEC ID number of contributing federal political committee. C Primary Occupation Receipt For: Primary General Aggregate Year-to-Date ▼ P/R Dec B. William M Altman Date of Exployer Occupation Date of Exployer Mailing Address 9103 Lexington Lane C Trans Aggregate Year-to-Date ▼ P/R Dec City State Zip Code Trans Amour FEC ID number of contributing federal political committee. C Trans Amour PEC ID number of contributing federal political committee. C Trans Amour Name of Employer Occupation C P/R Dec P/R Dec City State Zip Code Trans Amour FEC ID number of contributing federal political committee. C P/R Dec P/R Dec Name of Employer Occupation EVPStrategyPolicy&IntCare P/R Dec P/R Dec Receipt For: Aggregate Year-to-Date ▼ P/R Dec P/R Dec P/R Dec City General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dec P/R Dec City State	saction ID : PR1094197342812			
federal political committee. Occupation Name of Employer Occupation Kindred Healthcare Inc. Sr Dir HD Reimb Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of the specify	t of Each Receipt this Period			
Kindred Healthcare Inc. Sr Dir HD Reimb Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 494.00 Full Name (Last, First, Middle Initial) Date of the second sec	52.00			
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Primary General Other (specify) 494.00 Full Name (Last, First, Middle Initial) Date of the specify B. William M Altman Mailing Address 9103 Lexington Lane Date of the specify City State Zip Code Louisville KY 40241-2423 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Kindred Healthcare Inc. EVPStrategyPolicy&IntCare Receipt For: Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Other (specify) General Date of the specify Other (specify) General Other (specify) City State Zip Code Mailing Address 222 East Witherspoon Drive Mailing Address #1203 State Zip Code Manour FEC ID number of contributing C Mailing Address Date of the specified				
B. William M Altman Date of Mailing Address 9103 Lexington Lane Mailing Address 9103 Lexington Lane 09 City State Zip Code Louisville KY 40241-2423 FEC ID number of contributing federal political committee. C Amour Name of Employer Occupation EVPStrategyPolicy&IntCare Receipt For: Aggregate Year-to-Date ▼ P/R Dec Other (specify) ▼ 3653.70 P/R Dec Full Name (Last, First, Middle Initial) C State Zip Code Mailing Address 222 East Witherspoon Drive #1203 Trans Date of State City State Zip Code Trans FC ID number of contributing General Mailing Address Date of State	duction (\$26.00 Bi-Weekly)			
Mailing Address 9103 Lexington Lane 09 City State Zip Code Louisville KY 40241-2423 FEC ID number of contributing federal political committee. C Amour Name of Employer Occupation EVPStrategyPolicy&IntCare Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dec Other (specify) ▼ General 3653.70 Date of the full Name (Last, First, Middle Initial) C. Steven Monaghan Date of the full Name (Last, First, Middle Initial) Date of the full Name (Last, First, Middle Initial) Transmittee City State Zip Code Transmittee #1203 State Zip Code Transmittee FEC ID number of contributing C Mailing Address Amour	f Receipt			
Louisville KY 40241-2423 Amour FEC ID number of contributing federal political committee. C Amour Amour Name of Employer Kindred Healthcare Inc. Occupation EVPStrategyPolicy&IntCare Primary Occupation EVPStrategyPolicy&IntCare P/R Dec Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dec Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ P/R Dec C. Steven Monaghan Date contributing Date contributing Mailing Address 222 East Witherspoon Drive #1203 Tran Amour FEC ID number of contributing City Louisville State Zip Code KY Amour FEC ID number of contributing City State Zip Code KY Amour	·			
FEC ID number of contributing federal political committee. C Image: Contributing federal political committee. Name of Employer Occupation EVPStrategyPolicy&IntCare Receipt For: Aggregate Year-to-Date ▼ P/R Dec Other (specify) ▼ 3653.70 P/R Dec Full Name (Last, First, Middle Initial) C State Zip Code Mailing Address 222 East Witherspoon Drive 09 Tran Mailing Address 222 East Witherspoon Drive 09 Tran FEC ID number of contributing C Amour	saction ID : PR1094198042812			
federal political committee. Occupation Name of Employer Occupation Kindred Healthcare Inc. EVPStrategyPolicy&IntCare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3653.70 Full Name (Last, First, Middle Initial) Primary C. Steven Monaghan Mailing Address 222 East Witherspoon Drive #1203 City City State Zip Code Louisville KY 40202-6318	t of Each Receipt this Period			
Kindred Healthcare Inc. EVPStrategyPolicy&IntCare Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3653.70 Full Name (Last, First, Middle Initial) Date of the second	384.60			
Receipt For: Aggregate Year-to-Date ▼ P/R Dec Other (specify) ▼ 3653.70 P/R Dec Full Name (Last, First, Middle Initial) Date of Date of Mailing Address 222 East Witherspoon Drive 09 Tran #1203 State Zip Code Tran Amour FEC ID number of contributing C C				
Primary General Aggregate real to bate V P/R Dec Other (specify) ▼ 3653.70 P/R Dec C. Full Name (Last, First, Middle Initial) Date c Mailing Address 222 East Witherspoon Drive 09 #1203 City State Zip Code Louisville KY 40202-6318 Amour				
Other (specify) 3653.70 Full Name (Last, First, Middle Initial) Date of the second secon	luction (\$102.20 Ri Maakhi)			
C. Steven Monaghan Mailing Address 222 East Witherspoon Drive #1203 City State Zip Code Louisville KY 40202-6318 FEC ID number of contributing	luction (\$192.30 Bi-Weekly)			
#1203 09 City State Zip Code Louisville KY 40202-6318 FEC ID number of contributing C	f Receipt			
Louisville KY 40202-6318 Amour FEC ID number of contributing C Image: Contributing Image: Contributing	/ D D / Y Y Y Y 30 2015			
FEC ID number of contributing	saction ID : PR1094200742812			
ů – Elektrik – Elektri	t of Each Receipt this Period			
federal political committee.	320.00			
Name of Employer Occupation				
Kindred Healthcare Inc. President-HD				
Receipt For: Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼ P/R Dec	P/R Deduction (\$160.00 Bi-Weekly)			

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

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			Detailed Summary Page		1 1a		11b		11c	12	
					13		14		15	16	17
or	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
۹.	Full Name (Last, First, Middle Initial) John Miner				Date of	Re	ceip	t			
	Mailing Address 4730 Dunnie Drive				м м	/		30	/ Y	2015	Y
	City	State	Zip Code		Trans	acti	ion I	D : F	R1094	2021428	12
	Tampa	FL	33614-1496		Amount	of	Each	n Re	ceipt th	is Perio	t
	FEC ID number of contributing federal political committee.	С					7		7		0.00
	Name of Employer	Occupation									
	Kindred Healthcare Inc.	Sr CFO I									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		380.00		P/R Ded	uctio	on (\$	20.0	0 Bi-We	eekly)	
	Full Name (Last, First, Middle Initial) Julie Feasel				Date of	Re	ceip	t			
	Mailing Address 733 Chicago Avenue APT. 509				м м 09	/		30	/ Y	2015	Y
	City	State	Zip Code		Trans	acti	on II) : P	R10942	2030428 [.]	12
	Evanston	IL	60202-2381		Amount	of	Each	n Re	ceipt th	is Perio	t
	FEC ID number of contributing federal political committee.	С					7		7	3(0.00
	Name of Employer Kindred Healthcare Inc.	Occupation DVP HD									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	P	/R Dedu	uctic	on (\$	15.0	0 Bi-We	eekly)	
С.	Full Name (Last, First, Middle Initial) Charles D Doten				Date of	Re	ceip	t			
	Mailing Address 7644 Harbour Blvd.				м м 09	/		30	/ Y	y y 2015	Y
	City	State	Zip Code		Trans	acti	ion l	D : F	PR1094	2036428	12
	Miramar	FL	33023-6566		Amount	of	Each	n Re	ceipt th	is Perio	t
	FEC ID number of contributing federal political committee.	С					7		7	4	0.00
	Name of Employer	Occupation		-							
	Kindred Healthcare Inc.	Chief Exect	utive Off II								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				on (f	20.0			
	Other (specify) ▼		380.00		P/R Ded	ucti	011 (\$	20.0		CCRIY)	
6	UBTOTAL of Receipts This Page (optional)			•			-			11(0.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	;	
Full Name (Last, First, Middle Initial) Timothy L Simpson Mailing Address 2924 Majestic Oaks Lane		Date of Receipt
City	State Zip Code	09 30 2015 Transaction ID : PR1094204342812
Green Cove Springs	FL 32043-8329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Kindred Healthcare Inc.	Occupation DVP HD	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. E. Jane Jackson		Date of Receipt
Mailing Address 43171 Buttermere Terrace		09 30 2015
City	State Zip Code	Transaction ID : PR1094205142812
Ashburn	VA 20147-3722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer Kindred Healthcare Inc.	Occupation	_
	Sr Dir Bus Implementation	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3512 Raytee Drive		09 30 2015
City	State Zip Code VA 23323-1232	Transaction ID : PR1094211042812
Chesapeake	VA 23323-1232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Executive Dir II	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional))	110.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12	
Any information capied from such Paparts and St	atomosto			13		14	of c	15 olioiting	16	17
Any information copied from such Reports and St or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Full Name (Last, First, Middle Initial) A. Donna M Nackers			C	Date of	Re	ceip	t			
Mailing Address 1760 Waters Ferry Drive				м м 09	/		о 30	/ Y	y y 2015	Y
City	State	Zip Code		Transa	acti	ion I	D : P	R10942	21254281	2
Lawrenceville	GA	30043-3176	_ A	mount	of	Each	n Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					3		3	30	.00
Name of Employer	Occupation		-							
Kindred Healthcare Inc.	Mgr Operat	ional Reimb								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		285.00	P/	R Dedu	uctic	on (\$	15.00	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. Michael W Beal				Date of	Re	ceip	t			
Mailing Address 10 Glenwood Road				м м 09	/		30	/ Y	y y 2015	Y
City	State	Zip Code		Transa	actio	on II	D : P	R10942	1414281	2
Windham	NH	03087-1162	A	mount	of	Each	n Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	40	.00
Name of Employer Kindred Healthcare Inc.	Occupation President									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00	P/I	R Dedu	uctio	on (\$	20.00) Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. Julie Butenko				Date of	Re	ceip	t			
Mailing Address 1835 Franklin Street # 303				м м 09	/		о 30	/ Y	ү 2015	Υ
City	State CA	Zip Code							21694281	2
San Francisco	CA	94109-3455	A	mount	of	Each	n Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	40	.00
Name of Employer	Occupation									
Kindred Healthcare, Inc	DVP NCD									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		380.00	P/	R Dedu	uctio	on (\$	20.0	0 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)		••••••				7			110	00
TOTAL This Period (last page this line number of	only)	•••••				,		,		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any p g the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PA	C	
Full Name (Last, First, Middle Initial) Ronald D Long Mailing Address 148 Cheyenne Road		Date of Receipt
City	State Zip Code	09 30 2015
Shelbyville	KY 40065-1930	Transaction ID : PR1094224542812
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Kindred Healthcare Inc.	Dir Contract Admin	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. James E. Bell		Date of Receipt
Mailing Address 14213 Aiken Road		09 30 2015
City	State Zip Code	Transaction ID : PR1094225042812
Louisville	KY 40245-4631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Sr Dir Div Reimb HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6303 Deep Creek Drive		09 30 2015
City	State Zip Code	Transaction ID : PR1094228042812
Prospect	KY 40059-9318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	VP & Employment Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	l)	90.00

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

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ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any p g the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PA	C	
Full Name (Last, First, Middle Initial) A. Patricia M McGillan		Date of Receipt
Mailing Address 510 Altagate Rd		09 / Y Y Y Y 2015
City Louisville	State Zip Code KY 40206-2969	Transaction ID : PR1094229942812
	10200 2000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	VP Pat Saf & Reg Compl HD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	570.00	P/R Deduction (\$30.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		
B. Pete Kalmey		Date of Receipt
Mailing Address 3502 Hedgewick Place		09 30 / Y Y Y Y 2015
City	State Zip Code KY 40245-8497	Transaction ID : PR1094232042812
Louisville	KY 40245-8497	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Chief Operating Officer H	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$15.00 Bi-Weekly)
Other (specify) V	285.00	
Full Name (Last, First, Middle Initial) C. Mary J Yesue		Date of Receipt
Mailing Address P. O. Box 921		09 30 2015
City	State Zip Code	Transaction ID : PR1094232142812
York Harbor	ME 03911-0921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Kindred Healthcare Inc.	Dist Dir Clinical Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	285.00	P/R Deduction (\$15.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	J)	120.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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or for commerci NAME OF C Kindred Full Name (L A. Edward J Mailing Addre				13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (L A. Edward J Mailing Addre	· · · · · ·			
A. Edward J Mailing Addre				
	.ast, First, Middle Initial) Goddard			Date of Receipt
	ess 32 Peters Lane			09 30 2015
City		State	Zip Code	Transaction ID : PR1094233542812
Wrentham		MA	02093-1036	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		40.00
Name of Em	ployer	Occupation		
Kindred Heal	thcare Inc.	VP Labor R	elations	
Receipt For:		Aggregate	Year-to-Date ▼	
Other	y General (specify) V		380.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (L B. Tamila Jo	ast, First, Middle Initial) hnson-White			Date of Receipt
Mailing Addre	ess 2615 Zhale Smith Rd.			09 30 2015
City		State	Zip Code	Transaction ID : PR1094235442812
Lagrange		KY	40031-8098	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		40.00
Name of Em	ployer	Occupation		
Kindred Heal	thcare Inc.	DVP Case M	/Igmt NCD	
Receipt For:		Aggregate	Year-to-Date ▼	
Primar	y General	1.99.09410		P/R Deduction (\$20.00 Bi-Weekly)
Other	(specify) 🔻		380.00	
Full Name (L C. Douglas	.ast, First, Middle Initial) Roth			Date of Receipt
	ess 3272 E. Germania Circle			09 30 / Y Y Y Y Y 2015
City		State UT	Zip Code	Transaction ID : PR1094237342812
Sandy		01	84093-2150	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		80.00
Name of Em	ployer	Occupation		
Kindred Heal	thcare Inc.	VP Operation	on Finance NCD	
Receipt For:		Aggregate	Year-to-Date ▼	
Other	y General (specify) V		760.00	P/R Deduction (\$40.00 Bi-Weekly)

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

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FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page							
or for commercial purposes, other that		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc	. PAC							
Full Name (Last, First, Middle Initia Brian Newman	l)	Date of Receipt						
Mailing Address 953 Francis Avenu		09 30 / Y Y Y Y Y 09 30 2015						
City Bexley	State Zip Code OH 43209-2419	Transaction ID : PR1094243342812						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00						
Name of Employer Kindred Healthcare Inc.	Occupation DVP Assisted Living Fac							
Receipt For: Primary General Other (specify) ▼	00 P/R Deduction (\$20.00 Bi-Weekly)							
Full Name (Last, First, Middle Initia B. Raymond J Sierpina	1)	Date of Receipt						
Mailing Address 14 Westwind Road		09 30 2015						
City Louisville	StateZip CodeKY40207-1519	Transaction ID : PR1094246642812 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	200.00						
Name of Employer Kindred Healthcare Inc.	Occupation SVP Pub Pol & Gov Affairs							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.0	00 P/R Deduction (\$100.00 Bi-Weekly)						
Full Name (Last, First, Middle Initia C. Steven Tanner	J)	Date of Receipt						
Mailing Address 1059 Mt Vernon D		M M / D D / Y Y Y Y 09 30 2015						
City Greenwood	State Zip Code IN 46142-4718	Transaction ID : PR1094246842812 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	40.00						
Name of Employer	Name of Employer Occupation							
Kindred Healthcare Inc.	Market Executive Dir							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.0	P/R Deduction (\$20.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)	280.00						
TOTAL This Period (last page this lin	ne number only)	····· • • • • • • • • • • • • • • • • •						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		rson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC									
Full Name (Last, First, Middle Initial) A. Gwynn Rucker		Date of Receipt							
Mailing Address 13005 81st Ave Ct E	tate Zip Code	09 30 2015 Transaction ID : PR1094247842812							
	VA 98373-7722	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		60.00							
	eupation P NCD	_							
Receipt For: Age Primary General Other (specify) ▼	gregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi-Weekly)							
Full Name (Last, First, Middle Initial) B. Benjamin A Breier		Date of Receipt							
Mailing Address 5400 Farm Ridge Lane		09 30 2015							
5	tate Zip Code Y 40059-7617	Transaction ID : PR1094250942812 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		384.60							
Kindrod Lloolthooro Ino	upation of Executive Officer								
Receipt For: Age Primary General Other (specify) ▼	gregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. Michael L. Moody		Date of Receipt							
Mailing Address 10606 Taylor Farm Ct		09 30 / Y Y Y Y 2015							
5	tate Zip Code (Y 40059-9580	Transaction ID : PR1135243742812							
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period							
Name of Employer Occ	cupation	_							
	P HD								
Receipt For: Age Primary General Other (specify) ▼	gregate Year-to-Date ▼ 760.00	P/R Deduction (\$40.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		524.60							
TOTAL This Period (last page this line number only).									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

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TEMIZED RECEIPTS		Detailed Summary Page		11a] 11b		11c	12	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committee	erson for e to sol	13 or the icit cor	purp ntrib	14 pose outior	e of s	15 soliciting om such	16 contribu n commit	17 Itions tee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Full Name (Last, First, Middle Initial) A. Josephine Litzenberger				Date of	Re	eceip	t			
Mailing Address 11401 Dr. M.L.K. Jr. Street Apt 1201	t N.			м м	/	D	30	/ Y	2015	Y
City	State	Zip Code		Trans	acti	ion I	D : F	R11352	28694281	12
St Petersburg	FL	33716-2313	A	mount	of	Eac	h Re	ceipt th	is Perioc	I
FEC ID number of contributing federal political committee.	C					,		9	30	6.00
Name of Employer	Occupation									
Kindred Healthcare Inc.	Sr Cnslt Mg	d Care Contrac								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 342.00	P/	'R Ded	uctio	on (\$	\$18.0	0 Bi-Wé	eekly)	
Full Name (Last, First, Middle Initial) B. Gregory T Hayden				Date of	Re	eceip	t			
Mailing Address 11542 Independence Way		Zip Code		м м 09	/	D	30	/ Y	2015	Y
City	State	Transaction ID : PR1150400142812								
Sellersburg	IN	47172-9582	A	Mount	of	Eac	h Re	ceipt th	is Period	ł
FEC ID number of contributing federal political committee.	С			30.00						
Name of Employer Kindred Healthcare Inc.	Occupation Dir State Ta									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		285.00	P/I	P/R Deduction (\$15.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) C. Pamela M Bresee				Date of	Re	eceip	t			
Mailing Address 4155 SW 192nd Avenue				м м 09	/		а 30	/ Y	ү ү 2015	Y
City	State	Zip Code		Trans	acti	ion l	ID : F	PR1227	8524428	12
Aloha	OR	97007-1424	A	mount	of	Eac	h Re	ceipt th	is Perioc	ł
FEC ID number of contributing federal political committee.	С					7			3(0.00
Name of Employer	Name of Employer Occupation									
Kindred Healthcare Inc.	Kindred Healthcare Inc. Div Ops Analyst									
Receipt For:										
Other (specify)		285.00	P/	P/R Deduction (\$15.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).				_		7		- 7	96	.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		(11a		11b	11c	12							
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	y information copied from such Reports and S for commercial purposes, other than using the															
\backslash	NAME OF COMMITTEE (In Full)															
	Kindred Healthcare, Inc. PAC															
Α.	Full Name (Last, First, Middle Initial) Catherine Nurmela						Date of Receipt									
	Mailing Address 1409 W. Elmdale Ave Apt 1W	I			м м 09	/	30		2015	Y						
	City	State	Zip Code		Trans	sacti	on ID :	PR1267		12						
	Chicago	IL	60660-2405	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7		3(0.00						
	Name of Employer	Occupation	1	-												
	Kindred Healthcare Inc.	Chief Clinic	al Off II													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼	P	P/R Deduction (\$15.00 Bi-Weekly)													
в.	Full Name (Last, First, Middle Initial) Mark D. Johnson				Date of Receipt											
	Mailing Address 3011 Springcrest Drive				09 30 2015											
	City State Zip Code						Transaction ID : PR1336786742812									
	Louisville	KY	40241-2755	·	Amoun	nt of I	Each F	Receipt th	nis Perioo	ł						
	FEC ID number of contributing federal political committee.	30.00														
	Name of Employer Kindred Healthcare Inc.															
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 285.00						ın (\$15	.00 Bi-We	ekly)							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mary D Van De Kamp					of Red	ceipt									
	Mailing Address 251 Arbor Lane				09 30 2015											
	City	State	Zip Code		Tran	sacti	on ID :	PR1408	9531428	12						
	Green Bay	WI	54301-1655		Amoun	nt of I	Each F	Receipt th	nis Perioo	ł						
	FEC ID number of contributing federal political committee.	С		30.00												
	Name of Employer	Occupation	1	-												
	Kindred Healthcare Inc.	SVP Qualit	у													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		005.00	P	P/R Dec	ductic	on (\$15	.00 Bi-W	eekly)							
	Other (specify)		285.00													
	UBTOTAL of Receipts This Page (optional)			•			, . , .		90	0.00						
Γſ	OTAL This Period (last page this line number	oniy)	••••••	•			7									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$						
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be sold or used by any per sing the name and address of any political committee	rson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. P	AC							
Full Name (Last, First, Middle Initial)		Date of Receipt						
Mailing Address 6616 Sycamore Bend	Trace	09 30 _ 2015						
City	State Zip Code	Transaction ID : PR1408953242812						
Louisville	KY 40291-3780	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	40.00						
Name of Employer	Occupation	-						
Kindred Healthcare Inc.	Sr Dir Fin Systems Dev							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) B. Mary Jane Dailey								
Mailing Address 10411 Loving Trail Dri	/e	Date of Receipt 09 30 2015						
City	State Zip Code	Transaction ID : PR1618127542812						
Frisco	TX 75035-8181	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	200.00						
Name of Employer	Occupation	-						
Kindred Healthcare, Inc.	VP & CCO SE Reg HD							
Receipt For:	Aggregate Year-to-Date ▼	-						
Primary General		P/R Deduction (\$100.00 Bi-Weekly)						
Other (specify)	800.00							
Full Name (Last, First, Middle Initial) C. David M Mikula	, ,	Date of Receipt						
Mailing Address 4616 Hallmark Drive	Mailing Address 4616 Hallmark Drive							
City	State Zip Code	Transaction ID : PR1774751742812						
Dallas	TX 75229-2940	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	40.00						
Name of Employer	Name of Employer Occupation							
Kindred Healthcare Inc.	Kindred Healthcare Inc. SVP Enterprise Sales							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	380.00	P/R Deduction (\$20.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optic	onal)	, , , , , , , , , , , , , , , , , , , ,						

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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36

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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	110	;	12	
۸	v information against from such Departs and O	totomonte	whethe cold or used by service		13		14	15	ing = 1	16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
\rangle	Kindred Healthcare, Inc. PAC										
Α.	Full Name (Last, First, Middle Initial) Lawrence J. Toye				Date of	f Re	ceipt				
	Mailing Address 3 September Lane				м м 09	/	30			2015	Y
	City	State	Zip Code		Trans	acti				842812	2
	Burlington	MA	01803-1819		Amount	t of	Each	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					7			40.0	00
	Name of Employer	Occupation									
	Kindred Healthcare	Controller									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		380.00		P/R Ded	uctio	on (\$20).00 Bi-	Weekl	y)	
В.	Full Name (Last, First, Middle Initial) Carol Falo				Date of	f Re	ceipt				
	Mailing Address 7041 Clubview Dr				09 30 _2015 _						
	City	State	Zip Code		Trans	acti	on ID	: PR178		542812	
	Bridgeville	PA	15017-3600		Amount	t of	Each	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.						,			40.0	00
	Name of Employer	Occupation									
	Kindred Healthcare	Chief Clinic	al Off II								
Receipt For: Aggregation Primary General Other (specify) ▼			Year-to-Date ▼ 380.00		P/R Ded	uctic	on (\$20).00 Bi-'	Weekl	у)	
— C.	Full Name (Last, First, Middle Initial) Kelly A Priegnitz				Date of	f Re	ceipt				
-	Mailing Address 160 South St. Gregory Church	Road			M M	/	D	D /	Y Y	Y	Y
					09		30)	2	015	
	City	State KY	Zip Code							242812	2
	Samuels	IV I	40013-7455	-	Amount	t of	Each	Receipt	this F	Period	
FEC ID number of contributing federal political committee.						_	,			40.	00
	Name of Employer	Occupation									
	Kindred Healthcare, Inc.	SVP & Chie	ef Compl Officer								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.00		P/R Ded	luctio	on (\$2	0.00 Bi-	Week	ly)	
s	UBTOTAL of Receipts This Page (optional)		······ •	-	Ľ.		7			120.0	00

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ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Matthew B Steinberg		Date of Receipt
Mailing Address 9009 Anemone Drive		09 30 / Y Y Y Y 2015
City Prospect	State Zip Code KY 40059-6576	Transaction ID : PR1961243242812
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify)	Occupation VP Litigation Counsel Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. Jeffrey M Jasnoff		Date of Receipt
Mailing Address 9012 Coltsfoot Trace		09 30 2015
City Prospect	StateZip CodeKY40059-7672	Transaction ID : PR1961243342812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Kindred Healthcare, Inc.	Occupation SVP Human Resources Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Jeffrey P Stodghill		Date of Receipt
Mailing Address 2109 Village Drive #3		09 30 2015
City Louisville	StateZip CodeKY40205-1939	Transaction ID : PR1961243442812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Kindred Healthcare, Inc.	VP & Corporate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12				
Any information copied from such Reports a	nd Statements ma	av not be sold or used by any n	erson	13 for the	pur	14 pose o	15 f soliciting	16 a contribu	17 utions			
or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)	_											
angle Kindred Healthcare, Inc. PAC	C											
Full Name (Last, First, Middle Initial)				Data a	f Da	acint						
A. James I Flowers Mailing Address 4020 Gilman Avenue			-	Date o		· ·						
Maning Address 4020 Gilman Avenue				09	/	30		2015	Y			
City	State	Zip Code			sact		: PR1975		12			
Louisville	KY	40207-2112		Amoun	t of	Each I	Receipt th	nis Perioo	ł			
FEC ID number of contributing federal political committee.	С					7		6	0.00			
Name of Employer	Occupation											
Kindred Healthcare, Inc.	VP Corp Fi	nance&Treasury										
Receipt For:		Year-to-Date ▼	\neg									
Primary General			P	/R Dec	lucti	on (\$30	0.00 Bi-We	eekly)				
Other (specify)		570.00	4									
Full Name (Last, First, Middle Initial) B. Linda R Kurland												
			_	Date o		· ·						
Mailing Address 4912 Arbor Mill Drive				м м 09	1	30		2015	Y			
City	State	Zip Code			act		PR19834		2			
Fort Worth	ТХ	76135-9655					Receipt th					
FEC ID number of contributing federal political committee.	С			200.0								
Name of Employer	Occupation		_									
Kindred Healthcare, Inc.	Region Vice	President RHB										
Receipt For:	Aggregate	Year-to-Date ▼		P/R Deduction (\$100.00 Weekly)								
Primary General		4000.00	P.									
Other (specify)		1800.00										
Full Name (Last, First, Middle Initial) C. James M Douthitt												
Mailing Address 160 N Sappington Rd				м м 09	/	30		y y 2015	Y			
City	State	Zip Code		Tran	sact	ion ID	: PR1983	4844428	12			
Saint Louis	MO	63122-4854	'	Amoun	t of	Each I	Receipt th	nis Perioo	ł			
FEC ID number of contributing federal political committee.	C			40.00								
Name of Employer	Occupation											
Kindred Healthcare, Inc.	Chief Opera	ating Officer										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify) ▼		380.00] ^P	P/R Dec	ducti	on (\$20	0.00 Bi-W	eekly)				
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC										
Α.	Full Name (Last, First, Middle Initial) Patricia M Henry			D	ate of	Re	ceipt				
	Mailing Address 2555 N Pearl St #502 City	State	Zip Code	46	м м 09 Trans		30 on ID : P		2018 484542	5	
	Dallas	ТΧ	75201-2244	A	mount	of	Each Re	ceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					7			190.0	0
	Name of Employer Kindred Healthcare Inc.	Occupation Executive C	Consultant KRS								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1805.00	P/f	R Ded	uctic	on (\$95.0	0 Bi-We	ekly)		
в.	Full Name (Last, First, Middle Initial)			D	ate of	Re	ceipt				
	Mailing Address 11 Talais Drive				м м 09	1	D D D 30	/ Y	y 2015		
	City Little Rock	State AR	Zip Code 72223-9129	Transaction ID : PR1983484642812 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					3	Ţ		50.0	0
	Name of Employer Kindred Healthcare, Inc.	Occupation DVP Rehab									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/F	R Dedu	uctic	on (\$25.00) Week	.ly)		
с.	Full Name (Last, First, Middle Initial)			D	ate of	Re	ceipt				
	Mailing Address 5851 Midnight Moon Dr				м м 09	/	30	/ Y	2015		
	City Frisco	State TX	Zip Code 75034-0715				i on ID : P Each Ree				
	FEC ID number of contributing federal political committee.	С					7	7		54.0	00
	Name of Employer	Occupation		_							
	Kindred Healthcare, Inc.										
	Receipt For:	Year-to-Date ▼									
	Primary General Other (specify) ▼		736.00	P/I	R Ded	uctio	on (\$27.0	0 Weel	dy)		
s	UBTOTAL of Receipts This Page (optional)						3		2	294.00	0
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pend the name and address of any political committee	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PA	C	
Full Name (Last, First, Middle Initial) A. Mary Claire Willman		Date of Receipt
Mailing Address 440 Belleview Avenue		09 30 Y Y Y Y Y 2015
City Saint Louis	State Zip Code MO 63119-3621	Transaction ID : PR1983484842812
	10 03119-3021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer	Occupation	
Kindred Healthcare, Inc.	DVP Sales KRS	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	810.00	P/R Deduction (\$45.00 Weekly)
Full Name (Last, First, Middle Initial) B. Stephen R Cunanan		Date of Receipt
Mailing Address 7913 Farm Spring Drive		09 30 2015
City	State Zip Code	Transaction ID : PR2151070242812
Prospect	KY 40059-7616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	-
Kindred Healthcare Inc.	Chief Admin & CPO	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		P/R Deduction (\$175.00 Bi-Weekly)
Other (specify)	3325.00	
Full Name (Last, First, Middle Initial) C. Darlene A Thompson		Date of Receipt
Mailing Address 1915 Clearview Drive		09 30 2015
City	State Zip Code	Transaction ID : PR2201869442812
Lagrange	KY 40031-9233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Kindred Healthcare, Inc.	VP Clin IS & Training NCD	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	290.00	P/R Deduction (\$10.00 Bi-Weekly)
	al)	460.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	IMIZED RECEIPIS		for each category of the Detailed Summary Page		(11a		11	b	11c		12	
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or	/ information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any poddress of any political committee	erson e to so	for the plicit co	purı ntrib	pos outic	e of sons fr	soliciting om suc	g cor h co	ntribut mmitte	ions ee.
`	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC											
	Full Name (Last, First, Middle Initial) Stephen Farber				Date o	f Re	ecei	pt				
	Mailing Address 3611 Glenview Avenue				м м 09	/		30	/ Y) 15	Y
	City	State	Zip Code		Trans	sacti	ion	ID : I	PR2201	8696	42812	2
	Glenview	KY	40025-7502		Amoun	t of	Ea	ch Re	eceipt tl	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,		y		384.	60
	Name of Employer Kindred Healthcare, Inc.	Occupation Exec VP & 0	CFO									
	Receipt For:		Year-to-Date ▼	-								
	Primary General Other (specify) v	Ayyreyale	3653.70] F	P/R Ded	luctio	on (\$192	.30 Bi-V	Veek	ly)	
	Full Name (Last, First, Middle Initial) Cyd Doverspike				Date o	f Re	ecei	pt				
	Mailing Address P.O. Box 159				м м 09		_	30	/ Y	20	15	Y
	City	State	Zip Code			acti	ion		PR2204			2
	Larose	LA	70373-0159	Amount of Each Receipt this Perio						eriod		
	FEC ID number of contributing federal political committee.	С			40.0					00		
	Name of Employer Kindred Healthcare Inc.	Occupation Region Vice	President KHR									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00] P	P/R Ded	uctio	on (\$20.0	0 Weel	dy)		
	Full Name (Last, First, Middle Initial) John David Cross				Date o	f Re	ecei	pt				
	Mailing Address 1731 Randons Point Drive.				м м 09	/		30	/ Y	ү 20) 15	Y
	City	State	Zip Code		Trans	sact	ion	ID : I	PR2204	2241	4281	2
	Sugar Land	ТХ	77478-4270		Amoun	t of	Ea	ch Re	eceipt tl	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					,		7		100	.00
	Name of Employer	Occupation		\neg								
	Kindred Healthcare Inc.											
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		950.00	P/R Deduction (\$50.00 Bi-Weekly)					/)			
s	JBTOTAL of Receipts This Page (optional)			<u> </u>			-				524.	60

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a			11		11c		12	<u> </u>	
	y information copied from such Reports and S for commercial purposes, other than using the								e of :					
	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC													
<u> </u>	Full Name (Last, First, Middle Initial) Rachel J Compton				Date	of F	Red	cei	pt					
	Mailing Address 15 Edgebrook Dr				M 09		/	ľ	30] ′ [2015	Y	
	City Phillips Ranch	State CA	Zip Code 91766-4769	_								94281 Period		
	FEC ID number of contributing federal political committee.	С						7		7		80	0.00	
	Name of Employer	Occupation												
	Kindred Healthcare, Inc. Receipt For:	-	e President KHR											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	F	P/R D	educ	ctio	on (\$40.0	00 We	ekly)			
В.	Full Name (Last, First, Middle Initial)				Date	of F	Red	cei	pt					
	Mailing Address	Address					M = M / D = D / Y = Y = Y							
	City State Zip Code						of I	Ead	ch Re	eceipt	this	Period		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer	Occupation												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼											
— c.	Full Name (Last, First, Middle Initial)				Date	of F	Rei	coi	ot					
0.	Mailing Address				M		/	_		1 ′	Y Y	/ Y	Y	
	City	State	Zip Code	_	Amoi	int c	of I	Fa	ch Re		this	Period		
	FEC ID number of contributing federal political committee.	С					1		7					
	Name of Employer	Occupation												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼											
s	UBTOTAL of Receipts This Page (optional)			•				7				80	.00	
L-	OTAL This Pariod (last page this line number	only)		-						-		6872	.80	

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and a or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Gentiva Health Services Inc PAC Ge Mailing Address 3350 Riverwood Parkway, Su		Date of Receipt
City	State Zip Code	09 02 2015 Transaction ID : 67946870
Atlanta	GA 30339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С С00407080	20000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 128890.00	Transfer from Affiliated Committee
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼]
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼]
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S	CHEDULE B (FEC Form 3X)			FOR	LINE N	IUMBER:			PA	GE	34 (DF 36			
ITEMIZED DISBURSEMENTS		Use separate schedule for each category of the			k only										
		Detailed Summary Pag	ge		27	28a	\square	23 28b	24 28c		29	30b			
	y information copied from such Reports and Staten for commercial purposes, other than using the name														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
/	Kindred Healthcare, Inc. PAC														
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Pallone for Congress						Date of Disbursement								
	Mailing Address PO Box 3176					09 / D / Y Y Y Y 2015									
	City				Transaction ID : 67386392										
	Long Branch Purpose of Disbursement				11a115action ID : 0/ 300392										
	Contribution			011		Amount of Each Disbursement this Period									
	Candidate Name			Catego	ry/										
	Rep. Frank Pallone Jr.			Туре		1000.00									
	Senate X	Senate Primary General President Other (specify) ▼						Contribution							
	Full Name (Last, First, Middle Initial)														
Β.	Wyden for Senate						Date of Disbursement								
						09 25 2015									
	Mailing Address 232 NE 9th Avenue							2:	5	Z	015				
	Portland	State Zip Code OR 97232				Transaction ID : 67762618									
	Purpose of Disbursement Contribution		Amount	Period											
Candidate Name					n/	Amount of Each Disbursement this Period									
	Sen. Ronald L. Wyden		Catego Type		500.00										
	X Senate	nent For: 2016 Primary Genera Other (specify) ▼	al			Contribution									
c.	Full Name (Last, First, Middle Initial) Wyden for Senate					Date of Disbursement									
	Mailing Address 232 NE 9th Avenue						09 / 25 / Y Y Y Y 2015								
	,	State Zip Code				Trans	acti	on ID	: 677626	619					
	Portland OR 97232														
	Contribution 011					Amount of Each Disbursement this Period 5000.00									
	Candidate Name Category/														
	Sen. Ronald L. Wyden	Sen. Ronald L. Wyden Type ffice Sought: House Disbursement For: 2016					_	,			5000				
	Senate President	Primary X Genera Other (specify) ▼	al		Contribution										
_	State: OR District:														
s	UBTOTAL of Disbursements This Page (optional)				• 🕨			,	- 7		6500	.00			
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SCHEDULE B (FEC Form 3X)		FO	RII		IUMBER:			PA	GE	35 () DF	36			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	-	eck only one)												
	Detailed Summary Page			21b 27	22 	Ľ	23 28b	24 28c		25 29		26 30b			
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NAME OF COMMITTEE (In Full)															
Kindred Healthcare, Inc. PAC															
Full Name (Last, First, Middle Initial)						Data of Distance in									
Holding Onto Oregon's Priorities						Date of Disbursement									
Mailing Address PO Box 3314															
City State Zip Code					Transaction ID : 67762632										
Portland OR 97208 Purpose of Disbursement															
Contribution	011					Amount of Each Disbursement this Period									
Candidate Name	Category					5000.00									
Holding Onto Oregon's Priorities	ment For:	Тур	pe		5000.00										
Senate President	Primary General Other (specify)				Contribu	ution									
State: District: Full Name (Last, First, Middle Initial)															
					Date of Disbursement										
Mailing Address															
City	State Zip Code														
Purpose of Disbursement					Amount of Each Disbursement this Period										
Candidate Name	Categ		/								u				
Office Sought: House Disburse	ment For:	Тур	pe					7							
President	Primary General Other (specify)														
State: District:															
Full Name (Last, First, Middle Initial)					Date of	Dist	ourse								
Mailing Address									Y						
City	State Zip Code														
Purpose of Disbursement					-										
Candidate Name Categ					Amount of Each Disbursement this Period										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼							,							
State: District:															
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SCHEDULE B (FEC Form 3X)		FOR		IUMBER:			PA	AGE 30	OF	36						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		k only	one)	~ [_]											
	Detailed Summary Page		21b 27	22 28a	23	3 8b	24 28c	2 X 2		26 30b						
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Kindred Healthcare, Inc. PAC																
Full Name (Last, First, Middle Initial)				_												
A. Democratic Governors Association		Date of Disbursement														
Mailing Address 1401 K Street NW, Suite 200	City State Zip Code Washington DC 20005						09 25 2015									
City							677634	69								
Purpose of Disbursement																
Contribution		011		Amount of Each Disbursement this						3 Period						
Candidate Name		Category/					5000.00									
Office Sought: House Disburse	ment For:	Туре	•	Contribution												
Senate President	Primary General Other (specify)															
State: District:																
Full Name (Last, First, Middle Initial) B.		Date of Disbursement														
Mailing Address																
City																
Purpose of Disbursement		Amount of Each Disbursement this Period														
Candidate Name	Catego Type															
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State: District:																
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