

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

680 S. Fourth St.

☐ Check if different than previously reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00242271

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hank Robinson

Signature of Treasurer

Hank Robinson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		90947.97
(b) Cash on Hand at Beginning of Reporting Period.....	85344.57	
(c) Total Receipts (from Line 19) .....	8488.20	39884.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93832.77	130832.77
7. Total Disbursements (from Line 31) .....	1000.00	38000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92832.77	92832.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 04 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4847.20

19518.80

(ii) Unitemized .....

3641.00

20366.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8488.20

39884.80

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

8488.20

39884.80

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8488.20

39884.80

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

8488.20

39884.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	38000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	38000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	38000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8488.20	39884.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8488.20	39884.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Edward L Kuntz**

Mailing Address 8807 Stable Crest Boulevard

City

Houston

State

TX

Zip Code

77024-7035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chairman of the BOD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094183932760**

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

**B. David R Windhorst**

Mailing Address 2000 Spring Farms Road

City

Floyds Knobs

State

IN

Zip Code

47119-9722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Financial Systems Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094185032760**

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

**C. Katheryn J Markham**

Mailing Address 10602 Taylor Farm Ct

City

Prospect

State

KY

Zip Code

40059-9580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Plan & Field Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094185632760**

Amount of Each Receipt this Period

100.00

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

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

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

380.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

## **A. Charles Wardrip**

Mailing Address 2805 Chestnut Ridge Place

City State Zip Code  
Louisville KY 40245-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Ops & Telecomm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1094187932760**

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

## **B. Stephen M Dobler**

Mailing Address 1106 Holly Springs Drive

City State Zip Code  
Louisville KY 40242-7771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1094188032760**

Amount of Each Receipt this Period

200.00

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

Full Name (Last, First, Middle Initial)

## **C. Martin Ardron**

Mailing Address 41 La Sierra Dr.

City State Zip Code  
Phillips Ranch CA 91766-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1094189132760**

Amount of Each Receipt this Period

200.00

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

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

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

490.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Joel W Day

Mailing Address 2017 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP &amp; Controller HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1094193132760

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Susan Moss

Mailing Address 161 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Corp Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1094193332760

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

C. Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City

Prospect

State

KY

Zip Code

40059-9332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

Transaction ID : PR1094193932760

Amount of Each Receipt this Period

70.00

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

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

210.00

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



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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Michael J Bean**

Mailing Address 4304 Hill Top Road

City

Louisville

State

KY

Zip Code

40207-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Tax Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094195132760**

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

**B. Anne S Woods**

Mailing Address 7420 Falls Ridge Ct.

City

Louisville

State

KY

Zip Code

40241-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094195432760**

Amount of Each Receipt this Period

90.00

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

Full Name (Last, First, Middle Initial)

**C. John Lucchese**

Mailing Address 14401 Broad Oak Place

City

Louisville

State

KY

Zip Code

40245-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Corp Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094195932760**

Amount of Each Receipt this Period

192.00

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

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

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

362.00

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

Use separate schedule(s)  
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PAGE 10 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph Landenwich**

Mailing Address 1822 Casselberry Road

City

Louisville

State

KY

Zip Code

40205-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Co Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094196332760**

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

**B. Brian L Caudill**

Mailing Address 1647 Beechwood Avenue

City

Louisville

State

KY

Zip Code

40204-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094197332760**

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. William M Altman**

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094198032760**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

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

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

556.60

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Comer**

Mailing Address 12 Lewis

City State Zip Code  
Irvine CA 92620-3362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
VP & CFO West Reg HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1094200432760**

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

**B. Steven Monaghan**

Mailing Address 222 East Witherspoon Drive  
#1203

City State Zip Code  
Louisville KY 40202-6318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
President-HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1094200732760**

Amount of Each Receipt this Period

280.00

P/R Deduction (\$140.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Lane M Bowen**

Mailing Address 10966 Secret View Drive

City State Zip Code  
Sandy UT 84092-4949

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare Inc.

Occupation  
Exec VP & President NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR1094213632760**

Amount of Each Receipt this Period

100.00

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

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

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

450.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Patricia M McGillan**

Mailing Address 510 Altagate Rd

City

Louisville

State

KY

Zip Code

40206-2969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Pat Saf & Reg Compl HD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094229932760**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Douglas Roth**

Mailing Address 3272 E. Germania Circle

City

Sandy

State

UT

Zip Code

84093-2150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Finance West Reg NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094237332760**

Amount of Each Receipt this Period

80.00

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

Full Name (Last, First, Middle Initial)

**C. Raymond J Sierpina**

Mailing Address 14 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Pub Pol & Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094246632760**

Amount of Each Receipt this Period

200.00

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

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

340.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Benjamin A Breier**

Mailing Address 5400 Farm Ridge Lane

City

State

Zip Code

Prospect

KY

40059-7617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

President&COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1094250932760**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Russell D Ragland**

Mailing Address 9902 Palace Green Way

City

State

Zip Code

Vienna

VA

22181-5914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

SVP Finance NCD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1267998132760**

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

**C. Katherine W Gilchrist**

Mailing Address 1668 Victory Court

City

State

Zip Code

Prospect

KY

40059-9175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kindred Healthcare Inc.

SVP Finance RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1524244432760**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Bi-Weekly)

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

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

634.60

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. David M Mikula**

Mailing Address 4616 Hallmark Drive

City  
Dallas

State  
TX

Zip Code  
75229-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Enterprise Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1774751732760**

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

**B. Jeffrey M Jasnoff**

Mailing Address 9012 Coltsfoot Trace

City

Prospect

State

KY

Zip Code

40059-7672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Human Resources Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1961243332760**

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

**c. Jeffrey P Stodghill**

Mailing Address 2002 Kenilworth Place

City

Louisville

State

KY

Zip Code

40205-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP & Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1961243432760**

Amount of Each Receipt this Period

100.00

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

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

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

240.00

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. James T Flowers**

Mailing Address 4020 Gilman Avenue

City

Louisville

State

KY

Zip Code

40207-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

VP Corp Dev & Fin Plan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1975144132760**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Linda R Kurland**

Mailing Address 6109 Forest Lane

City

Fort Worth

State

TX

Zip Code

76112-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1983484232760**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Patricia M Henry**

Mailing Address 2555 N Pearl St  
#502

City

Dallas

State

TX

Zip Code

75201-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

President RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1983484532760**

Amount of Each Receipt this Period

190.00

P/R Deduction (\$95.00 Bi-Weekly)

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Sherrie Sharp**

Mailing Address 11 Talais Drive

City

Little Rock

State

AR

Zip Code

72223-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1983484632760**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Jovena Stucker**

Mailing Address 5851 Midnight Moon Dr

City

Frisco

State

TX

Zip Code

75034-0715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President SRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1983484732760**

Amount of Each Receipt this Period

54.00

P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial)

**C. Mary Claire Willman**

Mailing Address 440 Belleview Avenue

City

Saint Louis

State

MO

Zip Code

63119-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales RHB

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : PR1983484832760**

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Weekly)

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

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

224.00



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Kindred Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Edward Lacourse**

Mailing Address 35 Winding Ln

City

Basking Ridge

State

NJ

Zip Code

07920-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

RVP VTA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2007353632760**

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Weekly)

Full Name (Last, First, Middle Initial)

**B. Stephen R Cunanan**

Mailing Address 7913 Farm Spring Drive

City

Prospect

State

KY

Zip Code

40059-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief People Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : PR2151070232760**

Amount of Each Receipt this Period

350.00

P/R Deduction (\$175.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

510.00

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

4847.20

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Kindred Healthcare, Inc. PAC

01:

## Contribution