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Image# 14940755907

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Us	se Only
NAME OF T     COMMITTEE (in full)	YPE OR PRINT		ample: If typion the lines.	ng, type	12FE4	1M5	
Kindred Healthcare, Inc	. PAC						
ADDRESS (number and street)	680 S. Fourth S	St.					
Check if different							
than previously reported. (ACC)	Louisville				KY L	40202	2
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		Ş	STATE A		ZIP CODE 🛦
C C00242271		3. IS THIS REPORT		NEW N) <b>OR</b>		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	,	X Apr 20 (M4)		Jul 20 (M7)	Ш	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-D	ay -Election	Primary (12F	P)	Gen	eral (12G)	Runoff (12R)
Quarterly Report (Q2 October 15	Repo	ort for the:	Convention (	12C)	Spe	cial (12S)	
Quarterly Report (Q3	(1)		M M /	D D /	Y W Y W Y	Y	in the
January 31 Year-End Report (YE		Election on					State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		T-Election	General (300	ā)	Run	off (30R)	Special (30S)
Termination Report (TER)	перс	ort for the:	M = M /	D = D /	Y = Y = Y	Y	in the
		Election on					State of
5. Covering Period 03	01	2014	through	03	31	20	14
I certify that I have examined this	Report and to	the best of my kno	wledge and l	nelief it is tru	e correc	t and complet	te.
Type or Print Name of Treasurer	Hank Robinson	-					
Signature of Treasurer Hank R	Robinson		[Electronically	v Filed] D	ate	M M / D	2014
				_			
NOTE: Submission of false, erroned	ous, or incomple	te information may si	ubject the pers	son signing th	is Report	to the penalti	es of 2 U.S.C. §437g.
Office Use Only							FORM 3X dev. 12/2004

OF I FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name Kindred Healthcare, Inc. PAC		
Report Covering the Period: From: 03	01 2014 To:	03 31 / 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand  January 1,  2014		90947.97
(b) Cash on Hand at Beginning of Reporting Period	85764.37	
(c) Total Receipts (from Line 19)	14080.20	31396.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99844.57	122344.57
7. Total Disbursements (from Line 31)	14500.00	37000.00
Reporting Period (subtract Line 7 from Line 6(d))	85344.57	85344.57
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
O. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multicandid	date committee. (see FEC FORM 1M)	
For	further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred Healthcare, Ir	nc.	$\mathbf{P}$	Αl	٠
------------------------	-----	--------------	----	---

I. Receipts	I. Receipts COLUMN A Total This Period			
Contributions (other than loans) From:	Total Tillo I onou	Calendar Year-to-Date		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	10061.20	14671.60		
(ii) Unitemized	4019.00	16725.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	14080.20	31396.60		
(I) D III I D I O III	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contributions (add Lines		0.00		
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	14080.20	31396.60		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
Tarty Committeeco	3.00			
. All Loans Received	0.00	0.00		
. Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures	7	0.00		
(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	0.00		
. Other Federal Receipts		7		
(Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds	7	7		
(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		
(c) Total Transfers (add 18(a) and 18(b))  Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	31396		
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	14080.20	31396.60		

#### **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		
:1. C	Operating Expenditures:  a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		Tallinda Tour to Buto		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(1	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		
Т	ransfers to Affiliated/Other Party				
	committeescontributions to	0.00	0.00		
F	ederal Candidates/Committees nd Other Political Committees	14500.00	37000.00		
	ndependent Expenditures use Schedule E)	0.00	0.00		
. C	Coordinated Party Expenditures	7			
(1	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
L	oan Repayments Made	0.00	0.00		
	oans Madelefunds of Contributions To:	0.00	0.00		
	a) Individuals/Persons Other Than Political Committees	0.00	0.00		
/1	A DAME A DAME OF THE A	0.00	0.00		
` `	Political Party Committees     Other Political Committees	0.00	0.00		
•	(such as PACs)	0.00	0.00		
(0	d) Total Contribution Refunds	0.00	0.00		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
C	Other Disbursements	0.00	0.00		
F	ederal Election Activity (2 U.S.C. §431(20))				
(8	a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00	0.00		
		0.00	0.00		
(1	(ii) "Levin" Share  b) Federal Election Activity Paid Entirely	0.00			
(-	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		
_	intel Dishursamenta (add Lives 24/s) 22				
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	14500.00	37000.00		
Т	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	14500 00	37000.00		
Tř	rom Line 31)	14500.00	37000.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex-

penditures

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

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

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

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

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

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

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 14080.20 31396.60 0.00 0.00 14080.20 31396.60 0.00 0.00 0.00 0.00 0.00 0.00

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

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) Paul J Diaz  Mailing Address 204 Loganberry Court  City Louisville  FEC ID number of contributing federal political committee.  Name of Employer Kindred Healthcare, Inc  Receipt For:  Primary General Other (specify)	State Zip Code KY 40207  C  Occupation President and CEO  Aggregate Year-to-Date ▼	Date of Receipt  03 07 2014  Transaction ID: 58764178  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial)  David M Mikula  Mailing Address 4616 Hallmark Drive  City  Dallas  FEC ID number of contributing federal political committee.  Name of Employer  Kindred Healthcare Inc.  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 75229-2940  C  Occupation SVP Enterprise Sales  Aggregate Year-to-Date ▼  580.00	Date of Receipt  03 28 2014  Transaction ID: 59148661  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Edward L Kuntz  Mailing Address 8807 Stable Crest Boulevard  City Houston  FEC ID number of contributing federal political committee.  Name of Employer  Kindred Healthcare Inc.  Receipt For:  Primary General Other (specify)	State Zip Code TX 77024-7035  C  Occupation Chairman of the BOD  Aggregate Year-to-Date ▼  600.00	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		5700.00

FOR LINE NUMBER: **PAGE** 7 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) David R Windhorst Date of Receipt Mailing Address 2000 Spring Farms Road 2014 31 City Zip Code State Transaction ID: PR1094185032064 Floyds Knobs IN 47119-9722 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation VP Financial Systems Dev Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Katheryn J Markham Date of Receipt Mailing Address 10602 Taylor Farm Ct 03 31 2014 City State Zip Code Transaction ID: PR1094185632064 KY 40059-9580 Prospect Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. VP IS Plan & Field Svcs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place 03 31 2014 City Zip Code State Transaction ID: PR1094187932064 KY Louisville 40245-5307 Amount of Each Receipt this Period FEC ID number of contributing 90.00 С federal political committee. Name of Employer Occupation VP IS Ops & Telecomm Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 270.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: **PAGE** 8 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Stephen M Dobler Date of Receipt Mailing Address 1106 Holly Springs Drive 2014 31 City Zip Code State Transaction ID: PR1094188032064 KY Louisville 40242-7771 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation VP IS Finance & Admin Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Ardron Date of Receipt Mailing Address 41 La Sierra Dr. 03 31 2014 City State Zip Code Transaction ID: PR1094189132064 Phillips Ranch CA 91766-4703 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. **DVP HD** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Moss Date of Receipt Mailing Address 161 Westwind Road 03 31 2014 City Zip Code State Transaction ID: PR1094193332064 KY Louisville 40207-1545 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP Corp Communications Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) 240.00 Other (specify) 480.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: (check only one) PAGE 9 OF 18 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	nents may not be sold or used by any pene and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Prospect	State Zip Code KY 40059-9332	Date of Receipt  03 31 2014  Transaction ID: PR1094193932064  Amount of Each Receipt this Period  70.00
Kindred Healthcare Inc.  Receipt For:  Primary  Other (specify)    VE  A	ccupation  P Purchasing ggregate Year-to-Date ▼  210.00	P/R Deduction (\$35.00 Bi-Weekly)
Louisville	State Zip Code KY 40207-2222	Date of Receipt  03 31 2014  Transaction ID : PR1094195132064  Amount of Each Receipt this Period  80.00
Name of Employer  Kindred Healthcare Inc.  VP	ccupation Tax Planning ggregate Year-to-Date ▼  240.00	P/R Deduction (\$40.00 Bi-Weekly)
Louisville  FEC ID number of contributing federal political committee.  Name of Employer  Kindred Healthcare Inc.  Property For:	State Zip Code KY 40241-6400  Cupation P Internal Audit ggregate Year-to-Date  270.00	Date of Receipt  03 31 2014  Transaction ID: PR1094195432064  Amount of Each Receipt this Period  90.00  P/R Deduction (\$45.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number only)		

	FOF	LINE	NU	MBER	:	PAGE	<u> </u>	10 OF	=	18
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) John Lucchese Date of Receipt Mailing Address 14401 Broad Oak Place 31 2014 City Zip Code State Transaction ID: PR1094195932064 KY Louisville 40245-5136 Amount of Each Receipt this Period FEC ID number of contributing 192.00 federal political committee. Name of Employer Occupation SVP & Corp Controller Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$96.00 Bi-Weekly) 576.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Landenwich Date of Receipt Mailing Address 1822 Casselberry Road 03 31 2014 City State Zip Code Transaction ID: PR1094196332064 KY Louisville 40205-1632 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Co Gen Counsel & Corp Sec Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$60.00 Bi-Weekly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. William M Altman Date of Receipt Mailing Address 9103 Lexington Lane 03 31 2014 City State Zip Code Transaction ID: PR1094198032064 KY Louisville 40241-2423 Amount of Each Receipt this Period FEC ID number of contributing 384.60 С federal political committee. Name of Employer Occupation EVPStrategyPolicy&IntCare Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$192.30 Bi-Weekly) 1153.80 Other (specify) 696.60 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE	NUMBER	: PAGE	E 11 O	F 18
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	1

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Michael Comer Date of Receipt Mailing Address 12 Lewis 31 2014 City Zip Code State Transaction ID: PR1094200432064 CA 92620-3362 Irvine Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation VP & CFO West Reg HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Monaghan Date of Receipt Mailing Address 222 East Witherspoon Drive #1203 03 2014 31 City State Zip Code Transaction ID: PR1094200732064 KY Louisville 40202-6318 Amount of Each Receipt this Period FEC ID number of contributing 280.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. President-HD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$140.00 Bi-Weekly) 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lane M Bowen Date of Receipt Mailing Address 10966 Secret View Drive 03 31 2014 City Zip Code State Transaction ID: PR1094213632064 UT Sandy 84092-4949 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Exec VP & President NCD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 12 OF 18 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Star or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full)  Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial)  A. Douglas Roth		Date of Receipt
Mailing Address 3272 E. Germania Circle		03 31 2014
City	State Zip Code	Transaction ID : PR1094237332064
Sandy	UT 84093-2150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
	VP Finance West Reg NCD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  3. Raymond J Sierpina		Date of Receipt
Mailing Address 14 Westwind Road		03 31 2014
City	State Zip Code	Transaction ID : PR1094246632064
Louisville	KY 40207-1519	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 Pub Pol & Govt Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	P/R Deduction (\$100.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Benjamin A Breier		Date of Receipt
Mailing Address 5400 Farm Ridge Lane		03 31 2014
City	State Zip Code	Transaction ID : PR1094250932064
Prospect	KY 40059-7617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	384.60
Name of Employer	Occupation	
	President&COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	•	664.60
TOTAL This Period (last page this line number on	ly)	

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

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Russell D Ragland Date of Receipt Mailing Address 9902 Palace Green Way 2014 31 City Zip Code State Transaction ID: PR1267998132064 VA Vienna 22181-5914 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation SVP Finance NCD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Katherine W Gilchrist Date of Receipt Mailing Address 1668 Victory Court 03 31 2014 City State Zip Code Transaction ID: PR1524244432064 KY 40059-9175 Prospect Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. SVP Finance RHB Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Bi-Weekly) 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. David M Mikula Date of Receipt Mailing Address 4616 Hallmark Drive 03 31 2014 City Zip Code State Transaction ID: PR1774751732064 TX **Dallas** 75229-2940 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation SVP Enterprise Sales Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 620.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Jeffrey M Jasnoff Date of Receipt Mailing Address 9012 Coltsfoot Trace 2014 31 City Zip Code State Transaction ID: PR1961243332064 KY Prospect 40059-7672 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation SVP Human Resources Ops Kindred Healthcare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Jeffrey P Stodghill Date of Receipt Mailing Address 2002 Kenilworth Place 03 31 2014 City State Zip Code Transaction ID: PR1961243432064 KY Louisville 40205-1514 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. VP & Corporate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Linda R Kurland Date of Receipt Mailing Address 6109 Forest Lane 03 31 2014 Zip Code City State Transaction ID: PR1983484232064 TX Fort Worth 76112-1062 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Region Vice President SRS Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Weekly) 600.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Patricia M Henry Date of Receipt Mailing Address 2555 N Pearl St #502 2014 31 City State Zip Code Transaction ID: PR1983484532064 75201-2244 TX Dallas Amount of Each Receipt this Period FEC ID number of contributing 190.00 federal political committee. Name of Employer Occupation President RHB Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$95.00 Bi-Weekly) 570.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sherrie Sharp Date of Receipt Mailing Address 11 Talais Drive 03 2014 31 City State Zip Code Transaction ID: PR1983484632064 AR Little Rock 72223-9129 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation Kindred Healthcare, Inc. Region Vice President SRS Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Weekly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Claire Willman Date of Receipt Mailing Address 440 Belleview Avenue 03 31 2014 City Zip Code State Transaction ID: PR1983484832064 MO Saint Louis 63119-3621 Amount of Each Receipt this Period FEC ID number of contributing 90.00 С federal political committee. Name of Employer Occupation **DVP Sales RHB** Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Weekly) 270.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Richard Edward Lacourse Date of Receipt Mailing Address 35 Winding Ln 2014 31 City Zip Code State Transaction ID: PR2007353632064 07920-1558 Basking Ridge NJ Amount of Each Receipt this Period FEC ID number of contributing C 160.00 federal political committee. Name of Employer Occupation **RVP VTA** Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$80.00 Weekly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen R Cunanan Date of Receipt Mailing Address 7913 Farm Spring Drive 03 31 2014 City State Zip Code Transaction ID: PR2151070232064 KY Prospect 40059-7616 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Kindred Healthcare Inc. Chief People Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$175.00 Bi-Weekly) 1050.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 SUBTOTAL of Receipts This Page (optional)..... 10061.20 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Fig. 1)  Kindred Healthcare, Inc. PAC  Full Name (Last, First, Middle Initial)  Alamo PAC  Mailing Address 918 Congress Avenue  Suite 1400  City State Zip Code TX 78701  Transaction ID : \$8998376  Amount of Each Disbursement this Period Candidate Name  Alamo PAC  Office Sought: House Disbursement For: Candidate Name Rep. Michelle Lujan Grisham  Contribution  Candidate Name  Rep. Michelle Lujan Grisham  Office Sought: House Disbursement For: 2014  Mailing Address P.O. Box 25422  City State Zip Code NM 87125  Frignose of Disbursement  Contribution  Category: Type  Disbursement  Contribution  Category: Type  Office Sought: House Disbursement For: 2014  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category: Type  Contribution  Contribution  Category: Type  Contribution  Contribution  Category: Type  Contribution  Contribution  Category: Type  Contribution  Category: Type  Contribution  Contribution  Category: Type  Office Sought: House Disbursement For: Category: Type  Contribution  Category: Type  Contribution  Category: Type  Contribution  Contribution  Category: Type  Contribution  Contribu	SCHEDULE B (FEC Form 3X)	Lloo concrete ashadada(s)	FOR LINE NUMBER: PAGE		
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Senate President Other (specify) Contribution  State: District:  Full Name (Last, First, Middle Initial)  Friends of Michelle  Mailing Address P.O. Box 25422  City State Zip Code Albuquerque NM 87125  Purpose of Disbursement Contribution  Candidate Name Rep. Michelle Lujan Grisham  Office Sought: House President State Zip Code  Albuquerque NM 87125  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: State Zip Code  Purpose of Disbursement For: 2014  Senate President Other (specify)   Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For: 2014  Category/ Type  Office Sought House Disbursement Fo		nent For:	туре		
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