PAGE 1 / 25

Image# 201606069017470933

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X F	or Other Than An Auth	orized Committee	Office U	Jse Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Kindred Healthcare, Ind	c. PAC			
	<u> </u>			
ADDRESS (number and street)	680 S. Fourth St.			
Check if different than previously reported. (ACC)	Louisville		KY 4020)2
2. FEC IDENTIFICATION NU	MBER ▼ CITY	Y A	STATE A	ZIP CODE ▲
C C00242271	3. IS	THIS EPORT X NEW (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	Report Due On: Mar :	20 (M2) May 20 (M5) 20 (M3) X Jun 20 (M6) 20 (M4) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (Q: July 15 Quarterly Report (Q: October 15 Quarterly Report (Q: January 31 Year-End Report (YE	PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 05	/ DDD / Y Y Y Y O16			016
I certify that I have examined this	•	my knowledge and belief it is tr	ue, correct and comple	ete.
Type or Print Name of Treasurer	Raymond Sierpina			
Signature of Treasurer Raymo	ond Sierpina	[Electronically Filed]	Date 06 00	6 2016
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Kindred Healthcare, Inc. PAC 05 2016 05 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 147536.57 January 1, 2016 (b) Cash on Hand at 114545.67 Beginning of Reporting Period..... 8732.80 61241.90 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 208778.47 123278.47 6(a) and 6(c) for Column B)..... 18000.00 103500.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 105278.47 105278.47 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kiliuleu neallicale, ilic.	dred Healthcare, Inc	. PAC
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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	10141 11110 1 01104	
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	6826.80	22712.90
(ii) Unitemized	1906.00	18529.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	8732.80	41241.90
(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	8732.80	41241.90
Totals to Line 33, page 5)▶	6732.60	71271.30
. Transfers From Affiliated/Other Party Committees	0.00	20000.00
Tarty Committees		
. All Loans Received	0.00	0.00
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	0.00	0.00
Political Committees Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
(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 Hallstels (add To(a) allu To(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	8732.80	61241.90
Total Fodoral Pagainta		
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8732.80	61241.90
(Subtract Line 10(c) Holli Line 13)	0.02.00	01241.90

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
. Operating Expenditures: – (a) Allocated Federal/Non-Federal		2
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees	18000.00	99500.00
and Other Political Committees	1000.00	
(use Schedule E)	0.00	0.00
. Coordinated Paríy Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Zoan riopaymonio imado		
Loans Made	0.00	0.00
(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		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
ř		
. Other Disbursements	0.00	4000.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	200	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18000.00	103500.00
	7 7 7	
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	18000.00	103500.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8732.80	41241.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8732.80	41241.90
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: PAGE 6 OF 25 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) Marc D. Rothman Date of Receipt Mailing Address 20 Anchorage Point 10 2016 City Zip Code State Transaction ID: 71306295 40223-2180 Louisville KY Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer Occupation Chief Medical Officer-NCD Kindred Healthcare. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David R Windhorst Date of Receipt Mailing Address 2000 Spring Farms Road 05 31 2016 City State Zip Code Transaction ID: PR1094185047815 IN Floyds Knobs 47119-9722 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. VP Financial Systems Dev Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) Other (specify) 440,00 Full Name (Last, First, Middle Initial) c. Charles Wardrip Date of Receipt Mailing Address 2805 Chestnut Ridge Place 2016 05 31 City Zip Code State Transaction ID: PR1094187947815 KY Louisville 40245-5307 Amount of Each Receipt this Period FEC ID number of contributing С 90.00 federal political committee. Memo Item Name of Employer Occupation Chief Information Officer Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$45.00 Bi-Weekly) 495.00 Other (specify) 1670.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

11	_	R LINE	_		:	PAGE	7 OI	=	25
Use separate schedule(s) for each category of the	(che	ck only	or	ne)	_	ı	,		
Detailed Summary Page	<u> </u> ×	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) Stephen M Dobler Date of Receipt Mailing Address 1106 Holly Springs Drive 31 2016 City State Zip Code Transaction ID: PR1094188047815 KY Louisville 40242-7771 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item 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) 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jan Turk Date of Receipt Mailing Address 1314 Amelia St. 05 31 2016 City State Zip Code Transaction ID: PR1094190047815 **New Orleans** LA 70115-3617 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. Chief Executive Off II Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. Larry Foster Date of Receipt Mailing Address 1134 W. Granville Avenue 05 31 2016 Unit 815 City State Zip Code Transaction ID: PR1094190347815 IL Chicago 60660-5049 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer Occupation Chief Executive Off III Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Bi-Weekly) 275.00 Other (specify) 335.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 8 OF 25 Use separate schedule(s) for each category of the (check only one)

	MIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b 14		11c 15	12	г	17
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\	indred Healthcare, Inc. PAC											
	ll Name (Last, First, Middle Initial) ean R Muldoon				Date of	Re	ceipt					
_	ailing Address 239 Fairfax Avenue				M M M	/	31	- 1	/ Y	2016		
Cit		State KY	Zip Code 40207-3856						R10941			
FE	cuisville C ID number of contributing deral political committee.	C	40207-3830		Amount	of	Each I	Rec	eipt thi	-	iod 80.00)
	ime of Employer	Occupation			Mer	no It	tem	Ť	7		-	_
	ndred Healthcare Inc.		f Med Off HD									
	ceipt For:		Year-to-Date ▼	\dashv								
	Primary General Other (specify) ▼	Aggregate	2090.00] 6	P/R Ded	uctio	on (\$19	90.0	0 Bi-W	eekly)		
	Il Name (Last, First, Middle Initial) oel W Day				Date of	Re	ceipt					
Ma	ailing Address 2017 Spring Farms Drive				м = м 05	′	31	- 1	/ Y	2016		7
Cit Fle	ty byds Knobs	State IN	Zip Code 47119-9723		Trans: Amount				R10941 eipt thi			
	C ID number of contributing deral political committee.	С					7	_	- 7	-	80.00	
	me of Employer ndred Healthcare Inc.	Occupation SVP Operat			Mei	mo l	tem					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P	/R Dedu	uctio	on (\$40).00	Bi-We	ekly)		
	Il Name (Last, First, Middle Initial)				Date of	Re	ceipt					
Ma	ailing Address 161 Westwind Road				M = M	/	31	_	/ Y	2016		
Cit Lo	ty puisville	State KY	Zip Code 40207-1545		Trans Amount				R10941 eipt thi			
	C ID number of contributing deral political committee.	С				_	,	_	7	8	80.00	
Na	me of Employer	Occupation			Mer	mo I	tem					
	ndred Healthcare Inc.	SVP Mktg 8	& Communications									
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00] F	P/R Ded	uctio	on (\$40	0.00) Bi-We	ekly)		
SUB	TOTAL of Receipts This Page (optional)			<u> </u>			· ·	_	-	54	40.00	
	AL This Period (last page this line number o			-			1	7				Ī

FOR LINE NUMBER: **PAGE** 9 OF 25 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) Charles Michael Grannan Date of Receipt Mailing Address 7109 Cannonade Court 2016 31 City Zip Code State Transaction ID: PR1094193947815 KY Prospect 40059-9332 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. VP Purchasing Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$35.00 Bi-Weekly) 385.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael J Bean Date of Receipt Mailing Address 4304 Hill Top Road 05 31 2016 City State Zip Code Transaction ID: PR1094195147815 KY 40207-2222 Louisville Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. VP Tax Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Bi-Weekly) Other (specify) 440,00 Full Name (Last, First, Middle Initial) c. Anne S Woods Date of Receipt Mailing Address 7420 Falls Ridge Ct. 05 31 2016 City Zip Code State Transaction ID: PR1094195447815 KY Louisville 40241-6400 Amount of Each Receipt this Period FEC ID number of contributing С 110.00 federal political committee. Memo Item Name of Employer Occupation VP Internal Audit Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$55.00 Bi-Weekly) 605.00 Other (specify) 260.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 25										
	(check only one)										
for each category of the Detailed Summary Page	X 11a 11b 11c 12										
	13 14 15 16	17									
r not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad 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 2016 City State Zip Code Transaction ID: PR1094195947815 KY Louisville 40245-5136 Amount of Each Receipt this Period FEC ID number of contributing 192.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. SVP & Chief Accting Off Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$96.00 Bi-Weekly) 1056.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Landenwich Date of Receipt Mailing Address 1822 Casselberry Road 05 31 2016 City State Zip Code Transaction ID: PR1094196347815 KY 40205-1632 Louisville Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. Gen Counsel & Corp Sec Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$60.00 Bi-Weekly) Other (specify) 660,00 Full Name (Last, First, Middle Initial) c. Linda M O'Bryan Date of Receipt Mailing Address 1409 Mockingbird Terrace Drive 05 31 2016 Unit 203 City State Zip Code Transaction ID: PR1094196747815 KY Louisville 40207-1372 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation VP Patient Care & Qual HD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 220.00 Other (specify) 352.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Llee concrete cohodule(e)	TOTAL TROMBETTS										25
Use separate schedule(s) for each category of the		he	ck only	or	ie)						
Detailed Summary Page		X	11a		11b		11c		12		
Detailed Suffilliary Fage			13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.											

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	, , ,	
Full Name (Last, First, Middle Initial) Brian L Caudill Mailing Address 1647 Beechwood Avenue		Date of Receipt
		05 31 2016
City Louisville	State Zip Code KY 40204-1321	Transaction ID : PR1094197347815
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 52.00 Memo Item
Name of Employer Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	Occupation Sr Dir HD Reimb Aggregate Year-to-Date ▼ 286.00	P/R Deduction (\$26.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 3. William M Altman Mailing Address 9103 Lexington Lane		Date of Receipt
City Louisville	State Zip Code KY 40241-2423	05 31 2016 Transaction ID : PR1094198047815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60 Memo Item
Name of Employer Kindred Healthcare Inc. Receipt For:	Occupation EVPStrategyPolicy&IntCare	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. Timothy L Simpson		Date of Receipt
Mailing Address 2924 Majestic Oaks Lane		05 31 _ 2016 _
City Green Cove Springs	State Zip Code FL 32043-8329	Transaction ID : PR1094204347815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	- Memo Item
Kindred Healthcare Inc.	DVP HD	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		476.60
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 2											
	(check only one)											
	X 11a 11b	11c 12										
	13 14	15 16 17										
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Michael W Beal Date of Receipt Mailing Address 5518 Merribrook Lane 31 2016 City State Zip Code Transaction ID: PR1094214147815 40059-7622 KY Prospect Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. President NCD Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Butenko Date of Receipt Mailing Address 1835 Franklin Street # 303 05 31 2016 City State Zip Code Transaction ID: PR1094216947815 San Francisco CA 94109-3455 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare, Inc. **DVP NCD** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) 220,00 Full Name (Last, First, Middle Initial) c. Patricia M McGillan Date of Receipt Mailing Address 510 Altagate Rd 05 31 2016 City State Zip Code Transaction ID: PR1094229947815 KY Louisville 40206-2969 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer Occupation VP & Chief Counsel NCD Kindred Healthcare Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$30.00 Bi-Weekly) 330.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional).....

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

		FOR LINE NUMBER: PAGE 13 OF										
Use separate schedule(s)		(check only one)										
for each category of the Detailed Summary Page		X 11a		11b		11c		12				
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not be sold or used by any pedress of any political committee						_				3		

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address o NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Edward J Goddard Date of Receipt Mailing Address 32 Peters Lane 31 2016 City State Zip Code Transaction ID: PR1094233547815 02093-1036 MA Wrentham Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. VP Labor Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian Newman Date of Receipt Mailing Address 953 Francis Avenue 05 31 2016 City State Zip Code Transaction ID: PR1094243347815 OH 43209-2419 Bexley Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare Inc. **DVP Assisted Living Fac** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) Other (specify) 220.00 Full Name (Last, First, Middle Initial) c. Raymond J Sierpina Date of Receipt Mailing Address 14 Westwind Road 05 31 2016 City State Zip Code Transaction ID: PR1094246647815 KY Louisville 40207-1519 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional)		>		7			7	280	0.00	
TOTAL This Period (last page this line number	only)	>		7	_	Ξ	,	Ξ	_	
	<u> </u>	,								

1100.00

SVP Pub Pol & Gov Affairs

Aggregate Year-to-Date ▼

Kindred Healthcare Inc.

Other (specify)

General

Primary

Receipt For:

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

Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 25 (check only one)	_				
for each category of the Detailed Summary Page	X 11a					
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.						
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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.							
\setminus	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC							
Α.			Date of Receipt					
	Mailing Address 1059 Mt Vernon Dr		05 31 _ 2016 _					
	City	State Zip Code	Transaction ID : PR1094246847815					
	Greenwood	IN 46142-4718	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	60.00					
	Name of Employer	Occupation	Memo Item					
	Kindred Healthcare Inc.	Market Executive Dir						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)					
В.	Full Name (Last, First, Middle Initial) Gwynn Rucker		Date of Receipt					
	Mailing Address 13005 81st Ave Ct E		05 31 _ 2016 _					
	City	Transaction ID : PR1094247847815						
	Puyallup	WA 98373-7722	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	60.00					
	Name of Employer Kindred Healthcare Inc.	Occupation DVP NCD	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	P/R Deduction (\$30.00 Bi-Weekly)					
C	Full Name (Last, First, Middle Initial) Benjamin A Breier		Date of Receipt					
Ο.	Mailing Address 5718 Harrods Glen Drive		05 31 _2016 _					
	City	State Zip Code	Transaction ID : PR1094250947815					
	Prospect	KY 40059-7644	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	384.60					
	Name of Employer	Occupation	Memo Item					
	Kindred Healthcare Inc.							
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	2115.30	P/R Deduction (\$192.30 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		504.60					
Т	OTAL This Period (last page this line number of	only)						

Receipt For: Primary

SCHEDULE A (FEC Form ITEMIZED RECEIPTS

Other (specify)

General

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

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

mage# 201606069017470947		
SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 25 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		
Full Name (Last, First, Middle Initial) A. Michael L. Moody		Date of Receipt
Mailing Address 10606 Taylor Farm Ct		05 31 _ 2016 _
City Prospect	State Zip Code KY 40059-9580	Transaction ID : PR1135243747815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Kindred Healthcare Inc.	Occupation DVP Business Devlp	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Pamela A. Adams		Date of Receipt
Mailing Address 6616 Sycamore Bend Trace		05 31 2016
City Louisville	State Zip Code KY 40291-3780	Transaction ID : PR1408953247815 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 Fin Systems Devlp	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) **c.** Mary Jane Dailey Date of Receipt Mailing Address 10411 Loving Trail Drive 05 31 2016 City State Zip Code Transaction ID: PR1618127547815 TX 75035-8181 Frisco Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer Occupation VP CCO HD Kindred Healthcare, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$100.00 Bi-Weekly) 1100.00 Other (specify)

220.00

320.00

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

	FOR LINE NUMBER:	PAGE 16 OF 25							
Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	X 11a 11b	11c 12							
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Any information copied from such Reports and or for commercial purposes, other than using the																	
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC																	
Full Name (Last, First, Middle Initial) A. David M Mikula					Date of	Rece	eipt										
Mailing Address 4616 Hallmark Drive	Mailing Address 4616 Hallmark Drive								05 31 2016								
City Dallas	State TX	Zip Code 75229-2940					n ID : Pl										
	1/	73223 2340			mount	of E	ach Rec	eipt this	s Period	1							
FEC ID number of contributing federal political committee.	C			ļļ	7.4	,		7	40.	.00							
Name of Employer	Occupation				Mer	mo lte	m										
Kindred Healthcare Inc. Receipt For: Primary General Other (specify) ▼	T ¹	s Region HD Year-to-Date ▼	220.00	P/	R Dedu	uction	ı (\$20.00) Bi-Wee	ekly)								
Full Name (Last, First, Middle Initial) B. Lawrence J. Toye					Date of	Rece	eipt										
Mailing Address 3 September Lane					M = M	1′[31	/ Y	2016	Y							
City	State	Zip Code		Transa	actio	n ID : PF	R178423	3084781	15								
Burlington	MA	01803-1819			mount	s Period	t										
FEC ID number of contributing federal political committee.	С				7.4	,		7	40.	.00							
Name of Employer Kindred Healthcare	Occupation Controller	1] '	Mer	mo lte	em										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00	P/	R Dedu	uction	(\$20.00	Bi-Wee	ekly)								
Full Name (Last, First, Middle Initial) C. Kelly A Priegnitz					Date of	Rece	eipt										
Mailing Address 160 South St. Gregory Chur	ch Road				M M M	/	31	/ Y	2016	Y							
City	State	Zip Code			Trans	actio	n ID : Pl	R19508	752478′	15							
Samuels	KY	40013-7455			mount	of E	ach Rec	eipt this	Period	t							
FEC ID number of contributing federal political committee.	С					,		7	40.	.00							
Name of Employer	Occupation	1		□ I.	Mer	mo lte	m										
Kindred Healthcare, Inc.	SVP & Chi	ef Compl Officer															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00	P/	'R Ded	uction	n (\$20.00) Bi-We	ekly)								
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	FOR LINE NUMBER:	PAGE 17 OF 25							
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not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.									

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC Full Name (Last, First, Middle Initial) Matthew B Steinberg Date of Receipt Mailing Address 9009 Anemone Drive 31 2016 City State Zip Code Transaction ID: PR1961243247815 ΚY 40059-6576 Prospect Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer Occupation Kindred Healthcare, Inc. **VP Litigation Counsel**

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Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Jeffrey M Jasnoff Mailing Address 9012 Coltsfoot Trace		Date of Receipt
City Prospect	State Zip Code KY 40059-7672	05 31 2016 Transaction ID : PR1961243347815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Kindred Healthcare, Inc.	Occupation SVP Human Resources Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Jeffrey P Stodghill		Date of Receipt
Mailing Address 2109 Village Drive #3	7. 0.4	05 31 2016
City Louisville	State Zip Code KY 40205-1939	Transaction ID : PR1961243447815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Memo Item
Kindred Healthcare, Inc.	VP & Corporate Counsel	
Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)

550.00

FE6AN026

Other (specify)

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

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C.

240.00

	FOR LINE NUMBER: PAGE 18 OF 25							
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Detailed Summary Page	X 11a 11b 11c 12							
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not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.								

	Detailed Summary Page	13 14 15 16 17						
	I d Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC								
Full Name (Last, First, Middle Initial) James T Flowers		Date of Receipt						
Mailing Address 4020 Gilman Avenue		05 31 _ 2016 _						
City Louisville	State Zip Code KY 40207-2112	Transaction ID : PR1975144147815 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	60.00						
Name of Employer	Occupation	— Memo Item						
Receipt For: Primary Other (specify)	Primary General Aggregate Teal-to-Date V							
Full Name (Last, First, Middle Initial) James M Douthitt		Date of Receipt						
Mailing Address 160 N Sappington Rd		05 31 2016						
City Saint Louis	Transaction ID : PR1983484447815 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	40.00							
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Operating Officer	- Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)						
Full Name (Last, First, Middle Initial) Patricia M Henry		Date of Receipt						
Mailing Address 2555 N Pearl St #502		05 31 2016						
City Dallas	State Zip Code TX 75201-2244	Transaction ID : PR1983484547815 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.								
Name of Employer								
Kindred Healthcare Inc. Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1045.00	P/R Deduction (\$95.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).	>	290.00						
	er only)							

	FOR LINE NUMBER:						PAGE 19 OF 25				
Use separate schedule(s) for each category of the	(check only one)										
Detailed Summary Page		X	11a		11b		11c		12		
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)							
Kindred Healthcare, Inc. PAC							
Full Name (Last, First, Middle Initial) Sherrie Sharp		Date of Receipt					
Mailing Address 11 Talais Drive		05 31 2016					
City	ity State Zip Code						
Little Rock	AR 72223-9129	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	Memo Item					
Kindred Healthcare, Inc.	DVP Rehab KRS						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00	P/R Deduction (\$25.00 Weekly)					
Full Name (Last, First, Middle Initial) 3. Jovena Stucker		Date of Receipt					
Mailing Address 5851 Midnight Moon Dr		M = M / D = D / Y = Y = Y					
City	05 31 2016						
City Frisco	State Zip Code TX 75034-0715	Transaction ID : PR1983484747815					
		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	54.00					
Name of Employer	Occupation	Memo Item					
Kindred Healthcare, Inc.	Region Vice President RHB						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	270.00	P/R Deduction (\$27.00 Weekly)					
Full Name (Last, First, Middle Initial) C. Mary Claire Willman		Date of Receipt					
Mailing Address 440 Belleview Avenue		05 31 2016					
City	State Zip Code	Transaction ID : PR1983484847815					
Saint Louis	MO 63119-3621	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	90.00					
Name of Employer	Occupation	Memo Item					
Kindred Healthcare, Inc.	DVP Sales KRS						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	450.00	P/R Deduction (\$45.00 Weekly)					
SUBTOTAL of Receipts This Page (optional)							
TOTAL This Period (last page this line number	only)						

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 25						
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	X 11a 11b	11c 12						
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	ly information copied from such Reports and St for commercial purposes, other than using the													
\rangle	NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC													
Α.	Full Name (Last, First, Middle Initial) Stephen R Cunanan						Date of	Re	ceipt					
	Mailing Address 7913 Farm Spring Drive						M = M		31			16		
	City	State	Zip Code				Trans	acti	on ID :	PR2151	0702	47815		
	Prospect	KY	40059-761	16		_ .	Amount	of	Each F	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С							7	- 7		350.00)	
	Name of Employer	Occupation				+	Mer	mo l	tem					
	Kindred Healthcare Inc.	Chief Admin 8	& CPO											
	Receipt For:	Aggregate Yo	ear-to-Date ▼	,										
	Primary General Other (specify) ▼		,	1925.		P	/R Ded	uctio	on (\$17	′5.00 Bi-V	Veekl	y)		
В.	Full Name (Last, First, Middle Initial) Stephen Farber						Date of	Re	ceipt					
	Mailing Address P.O. Box 1349						M M M	/	31		■ Y	16		
	City	State	Zip Code					acti		PR22018				
	Prospect	KY	40059-134	19			Amount	of	Each F	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С						_		,	_	384.60)	
	Name of Employer	Occupation					Mei	mo l	tem					
	Kindred Healthcare, Inc.	Exec VP & CF	- 0											
	Receipt For: Primary General	Aggregate You	ear-to-Date ▼	,										
	Primary General Other (specify) ▼	4		2115.	.30	P	/R Dedu	uctic	on (\$19	2.30 Bi-W	/eekl	y)		
<u> </u>	Full Name (Last, First, Middle Initial) John David Cross						Date of	Re	ceipt					•
	Mailing Address 1731 Randons Point Drive.						м м 05	/	31		20°	16		
	City	State	Zip Code				Trans	acti	ion ID :	PR2204	2241	47815		
	Sugar Land	TX	77478-427	70			Amount	of	Each F	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С							7	,		100.00)	
	Name of Employer	Occupation				+	Mer	mo l	tem					
	Kindred Healthcare Inc.	Market CEO	I HD											
	Receipt For:	Aggregate Yo	ear-to-Date ▼	,										
	Primary General Other (specify) ▼			500.	00	F	/R Ded	uctio	on (\$50).00 Bi-W	eekly	·)		
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'	CIAL THIS I CHOO (last page this line humber t	y /						_	7	7		- 10		

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC			
Full Name (Last, First, Middle Initial) Jason Zachariah Mailing Address 1004 Anchorage Woods Circle			Date of Receipt M M / D D / Y = Y = Y = Y 05 31 _ 2016 _
City Louisville FEC ID number of contributing federal political committee.	State KY	Zip Code 40223-2370	Transaction ID : PR2325313647815 Amount of Each Receipt this Period 50.00
Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Chief Operation Aggregate Ye	<u> </u>	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) 8. Rachel J Compton Mailing Address 15 Edgebrook Dr			Date of Receipt 05 31 2016
City Phillips Ranch	State CA	Zip Code 91766-4769	Transaction ID : PR2326240947815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice P	President KHR	80.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	P/R Deduction (\$40.00 Weekly)
Full Name (Last, First, Middle Initial) Tammy L Barker Mailing Address 23 Braxton Court			Date of Receipt
City Simpsonville	State KY	Zip Code 40067-7677	05 31 2016 Transaction ID : PR2342814647815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00 Memo Item
Name of Employer Kindred Healthcare, Inc. Receipt For: Primary General Other (specify) ▼	Occupation SVP Clin & Ro Aggregate Ye		P/R Deduction (\$50.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		>	230.00
TOTAL This Period (last page this line number of	only)		

FOR LINE NUMBER: PAGE 22 OF 25 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) Hans E Koehler Date of Receipt Mailing Address 4512 Augusta National Drive 2016 31 City Zip Code State Transaction ID: PR2360639847815 Floyds Knobs IN 47119-9638 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer Occupation SVP Liability Claims Kindred Healthcare Inc Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 220.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 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. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... 6826.80 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate so		FOR LINE NUMBER: PAGE 23 OF 25 (check only one)					
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-								
NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC		my pomodi		2				
Full Name (Last, First, Middle Initial)								
A. Comer for Congress				Date of Disbursement				
Mailing Address PO Box 338				05 05 2016				
,	tate Zip C			Transaction ID : 71133128				
Tompkinsville Purpose of Disbursement	KY 4216	57-0338		11d115d5t61115 . 71166125				
Contribution			011	Amount of Each Disbursement this Period				
Candidate Name			Category/	2500.00				
Mr. James Comer			Type	2500.00				
Senate President	nent For: 2016 Primary Other (specify)	General		Memo Item Contribution				
State: KY District: 01								
Full Name (Last, First, Middle Initial) Holding Onto Oregon's Priorities				Date of Disbursement				
Mailing Address PO Box 3314				05 05 2016				
Portland	otate Zip C OR 9720			Transaction ID: 71133429				
Purpose of Disbursement Contribution		I	011	Amount of Each Disbursement this Period				
Candidate Name			Category/					
Holding Onto Oregon's Priorities			Type	2000.00				
		General		Memo Item Contribution				
Full Name (Last, First, Middle Initial) Committee to Re-Elect Linda Sanch	nez			Date of Disbursement				
Mailing Address 410 1st Street SE, Suite 310	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City S	tate Zip C	code.						
Washington	DC 2000			Transaction ID: 71133430				
Purpose of Disbursement Contribution		T	011	Amount of Each Disbursement this Period				
Candidate Name			Category/					
Rep. Linda Sanchez			Type	1000.00				
Office Sought: Y House Disbursem	nent For: 2016 Primary	General		Memo Item Contribution				
	Other (specify)	7		Contribution				

SCHEDULE B (FEC Form 3X)	Use separate schedule	FOR LINE NUMBER: PAGE 24 OF 25					
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NAME OF COMMITTEE (In Full) Kindred Healthcare, Inc. PAC	and address of any po		The second second continues.				
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Full Name (Last, First, Middle Initial) - Great Lakes PAC			Date of Disbursement				
Mailing Address 700 13th Street NW, Suite 600			05				
City S Washington	State Zip Code DC 20005		Transaction ID : 71133431				
Purpose of Disbursement Contribution	20000	011	Amount of Each Disbursement this Period				
Candidate Name Great Lakes PAC		Category/ Type	2500.00				
Office Sought: House Disbursen Senate President	nent For: Primary Genera Other (specify)		Memo Item Contribution				
State: District: Full Name (Last, First, Middle Initial) Friends of Joe Heck			Date of Disbursement				
Mailing Address PO Box 753908			05 13 2016				
Las Vegas	State Zip Code NV 89136		Transaction ID : 71304570				
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period				
Candidate Name Rep. Joe Heck		Category/ Type	2500.00				
Office Sought: House Disbursen Senate	nent For: 2016 Primary Genera Other (specify)		Memo Item Contribution				
Full Name (Last, First, Middle Initial) - American Health Care Association	Political Action Co	ommittee	Date of Disbursement				
Mailing Address PO Box 75357			05 13 2016				
,	State Zip Code DC 20013		Transaction ID: 71304581				
Contribution Candidate Name		011 Category/	Amount of Each Disbursement this Period				
American Health Care Association Political		Type	5000.00				
Office Sought: House Disbursen	nent For:		Memo Item				
Senate	Primary Genera Other (specify) ▼	'	Contribution				

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC FOIII 3X)	Llas sanavata sahadula(a)	FOR LINE I				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🔀 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
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NAME OF COMMITTEE (In Full)	and address of any pointed					
Kindred Healthcare, Inc. PAC						
Full Name (Last, First, Middle Initial)			Data of Dishurasanant			
A. Nancy Pelosi for Congress			Date of Disbursement			
Mailing Address 700 13th Street NW, Suite 600			05 13 2016			
,	State Zip Code		Transaction ID : 71304583			
Washington Purpose of Disbursement	DC 20005					
Contribution		011	Amount of Each Disbursement this Period			
Candidate Name	,	Category/	2500.00			
Rep. Nancy Pelosi		Туре	2300.00			
	nent For: 2016 Primary General		Memo Item Contribution			
	Other (specify) ▼		Contribution			
State: CA District: 12						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
J.						
Mailing Address			M M / D D / Y Y Y Y Y			
City	State Zip Code					
Purpose of Disbursement	Purpose of Disbursement					
			Amount of Each Disbursement this Period			
Candidate Name	Category/					
Office Sought: House Disbursem	nent For:	Туре	Memo Item			
	Primary General		Memo item			
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
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Mailing Address						
City	State Zip Code					
Purpose of Disbursement	T _					
	i dipose di Dispuisement					
Candidate Name Category/						
Office Sought: House Disbursem	nent For:	Туре				
	Primary General		Memo Item			
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)		······	2500.00			
TOTAL This Period (last page this line number only).			18000.00			