

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		147536.57
(b) Cash on Hand at Beginning of Reporting Period.....	114545.67	
(c) Total Receipts (from Line 19)	8732.80	61241.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123278.47	208778.47
7. Total Disbursements (from Line 31).....	18000.00	103500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105278.47	105278.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

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).....	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 Totals to Line 33, page 5)	8732.80	41241.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	20000.00
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))..... ▶	8732.80	61241.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8732.80	61241.90

DETAILED SUMMARY PAGE
of Disbursements

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.....	18000.00	99500.00
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	4000.00
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)) ..	18000.00	103500.00
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8732.80	41241.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8732.80	41241.90
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: PAGE 6 OF 25
(check only one)
 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

A. Marc D. Rothman
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Anchorage Point
 City State Zip Code
 Louisville KY 40223-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kindred Healthcare, Inc. Chief Medical Officer-NCD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2016
Transaction ID : 71306295
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. David R Windhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Spring Farms Road
 City State Zip Code
 Floyds Knobs IN 47119-9722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kindred Healthcare Inc. VP Financial Systems Dev
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR1094185047815
 Amount of Each Receipt this Period
 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Charles Wardrip
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Kindred Healthcare Inc. Chief Information Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR1094187947815
 Amount of Each Receipt this Period
 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1670.00
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)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. 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 Occupation
Kindred Healthcare Inc. VP IS Finance & Admin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR1094188047815

Amount of Each Receipt this Period
200.00

Memo Item

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

Full Name (Last, First, Middle Initial)
B. Jan Turk

Mailing Address 1314 Amelia St.

City State Zip Code
New Orleans LA 70115-3617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kindred Healthcare Inc. Chief Executive Off II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR1094190047815

Amount of Each Receipt this Period
60.00

Memo Item

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

Full Name (Last, First, Middle Initial)
C. Larry Foster

Mailing Address 1134 W. Granville Avenue
Unit 815

City State Zip Code
Chicago IL 60660-5049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kindred Healthcare Inc. Chief Executive Off III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 31 / 2016
Transaction ID : PR1094190347815

Amount of Each Receipt this Period
75.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	335.00
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:	PAGE 8 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Sean R Muldoon
Full Name (Last, First, Middle Initial)

Mailing Address 239 Fairfax Avenue

City Louisville State KY Zip Code 40207-3856

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation SVP & Chief Med Off HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094192247815

Amount of Each Receipt this Period 380.00

Memo Item

P/R Deduction (\$190.00 Bi-Weekly)

B. Joel W Day
Full Name (Last, First, Middle Initial)

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 SVP Operations CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094193147815

Amount of Each Receipt this Period 80.00

Memo Item

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

C. Susan Moss
Full Name (Last, First, Middle Initial)

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 SVP Mktg & Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094193347815

Amount of Each Receipt this Period 80.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶ 540.00

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)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Charles Michael Grannan
 Full Name (Last, First, Middle Initial)
 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 ▼ 385.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094193947815
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

B. Michael J Bean
 Full Name (Last, First, Middle Initial)
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094195147815
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Anne S Woods
 Full Name (Last, First, Middle Initial)
 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 ▼ 605.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094195447815
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. John Lucchese
 Full Name (Last, First, Middle Initial)
 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 & Chief Accting Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094195947815
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

B. Joseph Landenwich
 Full Name (Last, First, Middle Initial)
 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 Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094196347815
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. Linda M O'Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Mockingbird Terrace Drive Unit 203
 City Louisville State KY Zip Code 40207-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Patient Care & Qual HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094196747815
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	352.00
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: PAGE 11 OF 25
(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

A. Brian L Caudill
 Full Name (Last, First, Middle Initial)
 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 ▼ 286.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094197347815
 Amount of Each Receipt this Period 52.00
 Memo Item
 P/R Deduction (\$26.00 Bi-Weekly)

B. William M Altman
 Full Name (Last, First, Middle Initial)
 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 ▼ 2115.30

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094198047815
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Timothy L Simpson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2924 Majestic Oaks Lane
 City Green Cove Springs State FL Zip Code 32043-8329
 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 ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094204347815
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 476.60
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)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Michael W Beal
Full Name (Last, First, Middle Initial)

Mailing Address 5518 Merribrook Lane

City Prospect State KY Zip Code 40059-7622

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation President NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094214147815

Amount of Each Receipt this Period 40.00

Memo Item

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

B. Julie Butenko
Full Name (Last, First, Middle Initial)

Mailing Address 1835 Franklin Street # 303

City San Francisco State CA Zip Code 94109-3455

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare, Inc. Occupation DVP NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094216947815

Amount of Each Receipt this Period 40.00

Memo Item

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

C. Patricia M McGillan
Full Name (Last, First, Middle Initial)

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 & Chief Counsel NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094229947815

Amount of Each Receipt this Period 60.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Edward J Goddard
Full Name (Last, First, Middle Initial)

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094233547815

Amount of Each Receipt this Period 40.00

Memo Item

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

B. Brian Newman
Full Name (Last, First, Middle Initial)

Mailing Address 953 Francis Avenue

City Bexley State OH Zip Code 43209-2419

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation DVP Assisted Living Fac

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094243347815

Amount of Each Receipt this Period 40.00

Memo Item

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

C. Raymond J Sierpina
Full Name (Last, First, Middle Initial)

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 SVP Pub Pol & Gov Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1094246647815

Amount of Each Receipt this Period 200.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Steven Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Mt Vernon Dr
 City Greenwood State IN Zip Code 46142-4718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1094246847815
 Amount of Each Receipt this Period **60.00**
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Gwynn Rucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 13005 81st Ave Ct E
 City Puyallup State WA Zip Code 98373-7722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP NCD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1094247847815
 Amount of Each Receipt this Period **60.00**
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. Benjamin A Breier
 Full Name (Last, First, Middle Initial)
 Mailing Address 5718 Harrods Glen Drive
 City Prospect State KY Zip Code 40059-7644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2115.30**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1094250947815
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	504.60
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)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Michael L. Moody

Mailing Address 10606 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 DVP Business Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR1135243747815

Amount of Each Receipt this Period
80.00

Memo Item

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

Full Name (Last, First, Middle Initial)
B. Pamela A. Adams

Mailing Address 6616 Sycamore Bend Trace

City Louisville State KY Zip Code 40291-3780

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation DVP Fin Systems Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR1408953247815

Amount of Each Receipt this Period
40.00

Memo Item

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

Full Name (Last, First, Middle Initial)
c. Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City Frisco State TX Zip Code 75035-8181

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare, Inc. Occupation VP CCO HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2016
Transaction ID : PR1618127547815

Amount of Each Receipt this Period
200.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	▶	320.00
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)	PAGE 16 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. David M Mikula
 Full Name (Last, First, Middle Initial)
 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 Texas Region HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1774751747815
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Lawrence J. Toyé
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 September Lane
 City Burlington State MA Zip Code 01803-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1784230847815
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Kelly A Priegnitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 South St. Gregory Church Road
 City Samuels State KY Zip Code 40013-7455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP & Chief Compl Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1950875247815
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	120.00
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)	PAGE 18 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. James T Flowers
Full Name (Last, First, Middle Initial)
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 SVP Corp Fin & Treasury
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1975144147815
Amount of Each Receipt this Period **60.00**
 Memo Item
P/R Deduction (\$30.00 Bi-Weekly)

B. James M Douthitt
Full Name (Last, First, Middle Initial)
Mailing Address 160 N Sappington Rd
City Saint Louis State MO Zip Code 63122-4854
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Chief Operating Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1983484447815
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

C. Patricia M Henry
Full Name (Last, First, Middle Initial)
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 Executive Consultant KRS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1045.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1983484547815
Amount of Each Receipt this Period **190.00**
 Memo Item
P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **290.00**
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)	PAGE 19 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Sherrie Sharp
 Full Name (Last, First, Middle Initial)
 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 DVP Rehab KRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1983484647815
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Weekly)

B. Jovena Stucker
 Full Name (Last, First, Middle Initial)
 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 RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1983484747815
 Amount of Each Receipt this Period 54.00
 Memo Item
 P/R Deduction (\$27.00 Weekly)

C. Mary Claire Willman
 Full Name (Last, First, Middle Initial)
 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 KRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1983484847815
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	194.00
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)	PAGE 20 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Stephen R Cunanan
Full Name (Last, First, Middle Initial)
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 Admin & CPO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1925.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR2151070247815
Amount of Each Receipt this Period **350.00**
 Memo Item
P/R Deduction (\$175.00 Bi-Weekly)

B. Stephen Farber
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1349
City Prospect State KY Zip Code 40059-1349
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Exec VP & CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2115.30**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR2201869647815
Amount of Each Receipt this Period **384.60**
 Memo Item
P/R Deduction (\$192.30 Bi-Weekly)

C. John David Cross
Full Name (Last, First, Middle Initial)
Mailing Address 1731 Randons Point Drive.
City Sugar Land State TX Zip Code 77478-4270
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Market CEO I HD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR2204224147815
Amount of Each Receipt this Period **100.00**
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	834.60
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)	PAGE 21 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. Jason Zachariah
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Anchorage Woods Circle
City Louisville State KY Zip Code 40223-2370
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Chief Operating Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR2325313647815
Amount of Each Receipt this Period **50.00**
 Memo Item
P/R Deduction (\$25.00 Bi-Weekly)

B. Rachel J Compton
Full Name (Last, First, Middle Initial)
Mailing Address 15 Edgebrook Dr
City Phillips Ranch State CA Zip Code 91766-4769
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President KHR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR2326240947815
Amount of Each Receipt this Period **80.00**
 Memo Item
P/R Deduction (\$40.00 Weekly)

C. Tammy L Barker
Full Name (Last, First, Middle Initial)
Mailing Address 23 Braxton Court
City Simpsonville State KY Zip Code 40067-7677
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation SVP Clin & Res Svcs NCD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR2342814647815
Amount of Each Receipt this Period **100.00**
 Memo Item
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.00
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: PAGE 22 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Hans E Koehler

Mailing Address 4512 Augusta National Drive

City State Zip Code
Floyds Knobs IN 47119-9638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kindred Healthcare Inc SVP Liability Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2016

Transaction ID : PR2360639847815

Amount of Each Receipt this Period
40.00

Memo Item

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

Full Name (Last, First, Middle Initial)
B.

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	6826.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Comer for Congress

Mailing Address PO Box 338

City Tompkinsville State KY Zip Code 42167-0338

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Mr. James Comer

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : 71133128

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Holding Onto Oregon's Priorities

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : 71133429

Amount of Each Disbursement this Period

2000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Linda Sanchez

Mailing Address 410 1st Street SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Linda Sanchez

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : 71133430

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Great Lakes PAC

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Great Lakes PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2016

Transaction ID : 71133431

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address PO Box 753908

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Joe Heck

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : 71304570

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. American Health Care Association Political Action Committee

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

American Health Care Association Political Action Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2016

Transaction ID : 71304581

Amount of Each Disbursement this Period

5000.00

Memo Item
Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for Congress

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 71304583

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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