

**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"/>		<input type="text" value="147536.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="124504.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7918.30"/>	<input type="text" value="98386.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="132422.57"/>	<input type="text" value="245922.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="116000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129922.57"/>	<input type="text" value="129922.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: / / 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).....	6224.80	56545.50
(ii) Unitemized	1693.50	21840.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7918.30	78386.00
(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)	7918.30	78386.00
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))..... ▶	7918.30	98386.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7918.30	98386.00

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.....	2500.00	112000.00
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)) ..	2500.00	116000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	116000.00

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)	7918.30	78386.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7918.30	78386.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<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	

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. 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 Kindred Healthcare Inc. Occupation VP Financial Systems Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR1094185048861
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Catherine A Gooch
 Full Name (Last, First, Middle Initial)
 Mailing Address 14516 Clear Meadow Court
 City State Zip Code
 Louisville KY 40245-5264
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR1094185948861
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patrick J Gillenwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Erin Drive
 City State Zip Code
 Jeffersonville IN 47130-5290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir IS Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR1094186448861
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 30
	<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 Wardrip
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Chestnut Ridge Place
 City Louisville State KY Zip Code 40245-5307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 705.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094187948861
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. Stephen M Dobler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 Holly Springs Drive
 City Louisville State KY Zip Code 40242-7771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1515.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094188048861
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

C. Jan Turk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 Amelia St.
 City New Orleans State LA Zip Code 70115-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094190048861
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 360.00
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 8 OF 30
	<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. Larry Foster
Full Name (Last, First, Middle Initial)
Mailing Address 1134 W. Granville Avenue
Unit 815
City Chicago State IL Zip Code 60660-5049
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off III
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1094190348861
Amount of Each Receipt this Period **50.00**
 Memo Item
P/R Deduction (\$25.00 Bi-Weekly)

B. 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 **2850.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1094192248861
Amount of Each Receipt this Period **380.00**
 Memo Item
P/R Deduction (\$190.00 Bi-Weekly)

C. 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 **600.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1094193148861
Amount of Each Receipt this Period **80.00**
 Memo Item
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **510.00**
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 30
	<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. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094193348861
Amount of Each Receipt this Period 80.00
 Memo Item
P/R Deduction (\$40.00 Bi-Weekly)

B. Michael C Lozier
Full Name (Last, First, Middle Initial)
Mailing Address 7028 Westridge Forest Court
City Lanesville State IN Zip Code 47136-9468
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Purch Contract Adm
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094193748861
Amount of Each Receipt this Period 32.00
 Memo Item
P/R Deduction (\$16.00 Bi-Weekly)

C. 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 ▼ 525.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094193948861
Amount of Each Receipt this Period 70.00
 Memo Item
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	182.00
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 30
	<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. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094195148861

Amount of Each Receipt this Period 80.00

Memo Item

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

B. 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 ▼ 825.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094195448861

Amount of Each Receipt this Period 110.00

Memo Item

P/R Deduction (\$55.00 Bi-Weekly)

C. 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 ▼ 1440.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094195948861

Amount of Each Receipt this Period 192.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 382.00

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 11 OF 30
	<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. Rose M Michels
Full Name (Last, First, Middle Initial)
Mailing Address 6503 Chenoweth Run Road
City Louisville State KY Zip Code 40299-5147
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1094196048861
Amount of Each Receipt this Period **30.00**
 Memo Item
P/R Deduction (\$15.00 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 **900.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1094196348861
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 **300.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1094196748861
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.00
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 12 OF 30
	<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. Douglas Curnutte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 Springside Way
 City Louisville State KY Zip Code 40223-3786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVP Corporate Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094197248861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 ▼ 390.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094197348861
 Amount of Each Receipt this Period 52.00
 Memo Item
 P/R Deduction (\$26.00 Bi-Weekly)

C. 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 ▼ 2884.50

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094198048861
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	466.60
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 13 OF 30
	<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

A. Julie Feasel
 Full Name (Last, First, Middle Initial)
 Mailing Address 733 Chicago Avenue
 APT. 509
 City Evanston State IL Zip Code 60202-2381
 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 ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094203048861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094204348861
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. E. Jane Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 43171 Buttermere Terrace
 City Ashburn State VA Zip Code 20147-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Bus Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094205148861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 30
	<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	

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. Anita Tillery
Full Name (Last, First, Middle Initial)

Mailing Address 3512 Raytee Drive

City Chesapeake State VA Zip Code 23323-1232

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : PR1094211048861

Amount of Each Receipt this Period
 60.00

Memo Item

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

B. Donna M Nackers
Full Name (Last, First, Middle Initial)

Mailing Address 1760 Waters Ferry Drive

City Lawrenceville State GA Zip Code 30043-3176

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

Name of Employer Kindred Healthcare Inc. Occupation Mgr Operational Reimb

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : PR1094212548861

Amount of Each Receipt this Period
 30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

C. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : PR1094214148861

Amount of Each Receipt this Period
 40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 15 OF 30
	<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. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094216948861
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Ronald D Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Cheyenne Road
 City Shelbyville State KY Zip Code 40065-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc Occupation Dir Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094224548861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. James E. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 14213 Aiken Road
 City Louisville State KY Zip Code 40245-4631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc Occupation Sr Dir Div Reimb HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094225048861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	100.00
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 30
	<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

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

Mailing Address 510 Altagate Rd

City State Zip Code
Louisville KY 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 ▼
450.00

Date of Receipt
07 / 31 / 2016
Transaction ID : PR1094229948861

Amount of Each Receipt this Period
60.00

Memo Item

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

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

Mailing Address 3502 Hedgewick Place

City State Zip Code
Louisville KY 40245-8497

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

Name of Employer Kindred Healthcare Inc. Occupation President-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
07 / 31 / 2016
Transaction ID : PR1094232048861

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 32 Peters Lane

City State Zip Code
Wrentham MA 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 ▼
300.00

Date of Receipt
07 / 31 / 2016
Transaction ID : PR1094233548861

Amount of Each Receipt this Period
40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 17 OF 30
	<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. Tamila Johnson-White
Full Name (Last, First, Middle Initial)
Mailing Address 2615 Zhale Smith Rd.
City Lagrange State KY Zip Code 40031-8098
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Case Management NCD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 280.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094235448861
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 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094243348861
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 1500.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1094246648861
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 18 OF 30
	<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. Steven Tanner

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 ▼ **300.00**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR1094246848861

Amount of Each Receipt this Period **40.00**

Memo Item

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

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

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 ▼ **450.00**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR1094247848861

Amount of Each Receipt this Period **60.00**

Memo Item

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

Full Name (Last, First, Middle Initial)
C. Benjamin A Breier

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 ▼ **2884.50**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR1094250948861

Amount of Each Receipt this Period **384.60**

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	484.60
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 19 OF 30
	<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. 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 ▼ **600.00**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR1135243748861

Amount of Each Receipt this Period **80.00**

Memo Item

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

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

Mailing Address 11401 Dr. M.L.K. Jr. Street N. Apt 1201

City St Petersburg State FL Zip Code 33716-2313

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Cnslt Mgd Care Contrac

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR1135286948861

Amount of Each Receipt this Period **36.00**

Memo Item

P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Gregory T Hayden

Mailing Address 11542 Independence Way

City Sellersburg State IN Zip Code 47172-9582

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

Name of Employer Kindred Healthcare Inc. Occupation Dir State Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 31 / 2016**

Transaction ID : PR1150400148861

Amount of Each Receipt this Period **30.00**

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	146.00
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 30
	<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. Julie A Viers
 Full Name (Last, First, Middle Initial)
 Mailing Address 9508 Corinthian Dr
 City Louisville State KY Zip Code 40299-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP Asst Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1150400548861
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

B. Pamela M Bresee
 Full Name (Last, First, Middle Initial)
 Mailing Address 4155 SW 192nd Avenue
 City Aloha State OR Zip Code 97007-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Div Dir Finance Oper Supp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1227852448861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Catherine Nurmela
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 W. Elmdale Ave Apt 1W
 City Chicago State IL Zip Code 60660-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Clinical Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1267998448861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<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. Mark D. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Springcrest Drive
 City Louisville State KY Zip Code 40241-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Customer Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1336786748861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Mary D Van De Kamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Arbor Lane
 City Green Bay State WI Zip Code 54301-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVP Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1408953148861
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Pamela A. Adams
 Full Name (Last, First, Middle Initial)
 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 ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1408953248861
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 22 OF 30
	<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. Mary Jane Dailey
Full Name (Last, First, Middle Initial)

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 ▼ 1500.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1618127548861

Amount of Each Receipt this Period 200.00

Memo Item

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

B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1774751748861

Amount of Each Receipt this Period 40.00

Memo Item

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

C. Lawrence J. Toye
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 ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1784230848861

Amount of Each Receipt this Period 40.00

Memo Item

P/R Deduction (\$20.00 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 23 OF 30
	<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. Carol Faló
Full Name (Last, First, Middle Initial)
Mailing Address 7041 Clubview Dr
City Bridgeville State PA Zip Code 15017-3600
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation Chief Clinical Off II
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1784231548861
Amount of Each Receipt this Period **60.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

B. 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 **300.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1950875248861
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

C. Matthew B Steinberg
Full Name (Last, First, Middle Initial)
Mailing Address 9009 Anemone Drive
City Prospect State KY Zip Code 40059-6576
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP Litigation Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1961243248861
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 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 24 OF 30
	<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. Jeffrey M Jasnof
 Full Name (Last, First, Middle Initial)
 Mailing Address 9012 Coltsfoot Trace
 City Prospect State KY Zip Code 40059-7672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Human Resources Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1961243348861
 Amount of Each Receipt this Period **100.00**
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Jeffrey P Stodghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Village Drive #3
 City Louisville State KY Zip Code 40205-1939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1961243448861
 Amount of Each Receipt this Period **100.00**
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. James T Flowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4024 St. Germaine Court
 City Louisville State KY Zip Code 40207-3810
 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 **450.00**

Date of Receipt **07 / 31 / 2016**
Transaction ID : PR1975144148861
 Amount of Each Receipt this Period **60.00**
 Memo Item
 P/R Deduction (\$30.00 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 25 OF 30
	<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 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 ▼ 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1983484448861

Amount of Each Receipt this Period 40.00

Memo Item

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

B. 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 ▼ 1425.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1983484548861

Amount of Each Receipt this Period 190.00

Memo Item

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

c. 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 ▼ 350.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1983484648861

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$25.00 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 26 OF 30
	<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. 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 ▼ 378.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1983484748861
 Amount of Each Receipt this Period 54.00
 Memo Item
 P/R Deduction (\$27.00 Weekly)

B. 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 ▼ 630.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1983484848861
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Weekly)

C. 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 ▼ 2625.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2151070248861
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$175.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	494.00
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 27 OF 30
	<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

Full Name (Last, First, Middle Initial)
A. Stephen Farber

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 ▼
2884.50

Date of Receipt
07 / 31 / 2016
Transaction ID : PR2201869648861

Amount of Each Receipt this Period
384.60

Memo Item

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

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

Mailing Address P.O. Box 159

City Larose State LA Zip Code 70373-0159

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

Name of Employer Kindred Healthcare Inc. Occupation DVP Region KHRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 31 / 2016
Transaction ID : PR2204224048861

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)
C. John David Cross

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 ▼
750.00

Date of Receipt
07 / 31 / 2016
Transaction ID : PR2204224148861

Amount of Each Receipt this Period
150.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	574.60
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 28 OF 30
	<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. 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 ▼ 375.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2325313648861
 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 ▼ 560.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2326240948861
 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 ▼ 750.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR2342814648861
 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: (check only one)	PAGE 29 OF 30
<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. Full Name (Last, First, Middle Initial)
Hans E Koehler

Mailing Address 4512 Augusta National Drive

City Floyds Knobs	State IN	Zip Code 47119-9638
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc	Occupation SVP Liability Claims
--------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	31	/	2016

Transaction ID : PR2360639848861

Amount of Each Receipt this Period
40.00

Memo Item

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

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

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).....▶	6224.80

**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. Marco Rubio for Senate 2016

Mailing Address PO Box 661537

City Miami State FL Zip Code 33266

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Marco Rubio

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2016

Transaction ID : 72232475

Amount of Each Disbursement this Period

2500.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

2500.00