

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Raymond Sierpina

Signature of Treasurer Raymond Sierpina [Electronically Filed] Date  /  /

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

**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="2015"/>		73544.31
(b) Cash on Hand at Beginning of Reporting Period.....	160433.97	
(c) Total Receipts (from Line 19) .....	16154.80	274544.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	176588.77	348088.77
7. Total Disbursements (from Line 31).....	10500.00	182000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	166088.77	166088.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	7622.80	105186.10
(ii) Unitemized .....	532.00	27380.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8154.80	132566.60
(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) .....	8154.80	132566.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	128890.00
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.....	8000.00	13087.86
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))..... ▶	16154.80	274544.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16154.80	274544.46

**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	21000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	151500.00
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 .....	2500.00	9500.00
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)) ..	10500.00	182000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	182000.00

**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) .....	8154.80	132566.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8154.80	132566.60
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 46  
(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. John R Stephenson II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 Cliffwood Drive  
 City Goshen State KY Zip Code 40026-9589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Facilities Mgmt HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094170143667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. David R Windhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spring Farms Road  
 City Floyds Knobs State IN Zip Code 47119-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP Financial Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094185043667**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Lawrence I Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4721 N Clark Street #3S  
 City Chicago State IL Zip Code 60640-7553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation CIO IM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094185143667**  
 Amount of Each Receipt this Period 40.00  
 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 7 OF 46
	<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 Frappier-Neff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 N. Indian River Drive  
 City Cocoa State FL Zip Code 32922-7529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Reg IS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094185243667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Dan McReynolds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Crabapple Lane  
 City Louisville State KY Zip Code 40245-6017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094185743667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Catherine A Goch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14516 Clear Meadow Court  
 City Louisville State KY Zip Code 40245-5264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094185943667**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**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 46
	<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. Terry Carrico**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3011 Wolf Lair Court  
 City New Albany State IN Zip Code 47150-9587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Devlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094188243667**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. William R Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11303 Vista Greens Drive  
 City Louisville State KY Zip Code 40241-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Cnslt Technical Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094188943667**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Martin Ardron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 La Sierra Dr.  
 City Phillips Ranch State CA Zip Code 91766-4703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation DVP HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2300.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094189143667**  
 Amount of Each Receipt this Period **200.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>260.00</b>
<b>TOTAL</b> 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 10 OF 46
	(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"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 **460.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094190043667**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. 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 **575.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094190343667**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**C. 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 **4560.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094192243667**  
Amount of Each Receipt this Period **380.00**  
P/R Deduction (\$190.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>470.00</b>
<b>TOTAL</b> 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 46
	<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. Deborah R Doddridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 Hill Street NW  
 City Depauw State IN Zip Code 47115-9016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Procure Sys & Cap  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094193043667**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 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 ▼ **1110.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094193143667**  
 Amount of Each Receipt this Period **80.00**  
 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 ▼ **960.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094193343667**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> 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 46
	<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 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 ▼ **360.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR1094193743667**

Amount of Each Receipt this Period **30.00**

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

**B. 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 ▼ **840.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR1094193943667**

Amount of Each Receipt this Period **70.00**

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

**C. Mary Suzanne Riedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4308 Hampton Creek Drive

City Louisville State KY Zip Code 40241-6423

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

Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR1094194243667**

Amount of Each Receipt this Period **40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> 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 46
	<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 P Riedl**  
Full Name (Last, First, Middle Initial)

Mailing Address 8914 Lippincott Road

City Louisville State KY Zip Code 40222-5670

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Reimbursement NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094194443667**

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 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 ▼ 960.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094195143667**

Amount of Each Receipt this Period 80.00

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

**C. Peggy Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Helmridge Court

City Louisville State KY Zip Code 40222-3918

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

Name of Employer Kindred Healthcare Inc. Occupation Exec Asst to Chair & BOD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094195343667**

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 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 14 OF 46
	<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. 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 ▼ 1160.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094195443667**  
Amount of Each Receipt this Period 110.00  
P/R Deduction (\$55.00 Bi-Weekly)

**B. 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 ▼ 2304.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094195943667**  
Amount of Each Receipt this Period 192.00  
P/R Deduction (\$96.00 Bi-Weekly)

**C. 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 ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094196043667**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	332.00
<b>TOTAL</b> 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 46
	<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. 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 Co Gen Counsel & Corp Sec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094196343667**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094196743667**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Karen R Blain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9708 Northridge Dr  
 City Louisville State KY Zip Code 40272-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Patient Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094197043667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 16 OF 46
	(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"/> 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 ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094197243667**  
Amount of Each Receipt this Period 30.00  
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 ▼ 624.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094197343667**  
Amount of Each Receipt this Period 52.00  
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 ▼ 4615.20

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094198043667**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	466.60
<b>TOTAL</b> 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 46
	<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. Scott M Juetten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9405 Truscott Falls Drive  
 City Prospect State KY Zip Code 40059-7660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation VP & Controller NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094198143667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Steven Monaghan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 East Witherspoon Drive #1203  
 City Louisville State KY Zip Code 40202-6318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation President-HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3792.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094200743667**  
 Amount of Each Receipt this Period 320.00  
 P/R Deduction (\$160.00 Bi-Weekly)

**C. John Miner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4730 Dunnie Drive  
 City Tampa State FL Zip Code 33614-1496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Sr CFO I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094202143667**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.00
<b>TOTAL</b> 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 46
	<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 Feasel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6211 Iroquois Ct.  
City Odessa State FL Zip Code 33556-3325  
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 ▼ 345.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094203043667**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B. Charles D Doten**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7644 Harbour Blvd.  
City Miramar State FL Zip Code 33023-6566  
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 ▼ 460.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094203643667**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094204343667**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 46
	<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. Sharon A Barnard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 Sr 16 West  
 City Green Cove Springs State FL Zip Code 32043-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Reg Sr Dir Clin Ops HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094204843667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. 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 ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094205143667**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. 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 ▼ 460.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094211043667**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 20 OF 46  
(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. Donna M Nackers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1760 Waters Ferry Drive  
 City State Zip Code  
 Lawrenceville GA 30043-3176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare Inc. Mgr Operational Reimb  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1094212543667**  
 Amount of Each Receipt this Period  
 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Michael W Beal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5518 Merribrook Lane  
 City State Zip Code  
 Prospect KY 40059-7622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare Inc. President NCD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1094214143667**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Julie Butenko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1835 Franklin Street # 303  
 City State Zip Code  
 San Francisco CA 94109-3455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare, Inc DVP NCD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1094216943667**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**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 46
	<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 N. Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 147 Deepspring Drive

City Bardstown State KY Zip Code 40004-9169

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Devlp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1094224343667**

Amount of Each Receipt this Period  
**200.00**

P/R Deduction (\$10.00 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1094224543667**

Amount of Each Receipt this Period  
**30.00**

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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1094225043667**

Amount of Each Receipt this Period  
**30.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> 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 46  
(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. Catharine C Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6303 Deep Creek Drive  
 City Prospect State KY Zip Code 40059-9318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVP Enter Chief Employ Co  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094228043667**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 Pat Saf & Reg Compl HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094229943667**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Pete Kalme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3502 Hedgewick Place  
 City Louisville State KY Zip Code 40245-8497  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Chief Operating Officer H  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094232043667**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 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 23 OF 46
	<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. Mary J Yesue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 921  
 City York Harbor State ME Zip Code 03911-0921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094232143667**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Janet L Worcester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2703 Juniper Drive  
 City Glenn Heights State TX Zip Code 75154-2113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dist Dir Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094232243667**  
 Amount of Each Receipt this Period **20.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. 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 ▼ **480.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094233543667**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 46
	<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 DVP Case Mgmt NCD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **480.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094235443667**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Lester Bohnert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2259 N. Pennsylvania Street  
City Indianapolis State IN Zip Code 46205-4341  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation DVP Integrated Market  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094235743667**  
Amount of Each Receipt this Period **20.00**  
P/R Deduction (\$10.00 Bi-Weekly)

**C. Douglas Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3272 E. Germania Circle  
City Sandy State UT Zip Code 84093-2150  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation VP Operation Finance NCD  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **960.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1094237343667**  
Amount of Each Receipt this Period **80.00**  
P/R Deduction (\$40.00 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 25 OF 46
	<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. Susan Cote**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Adams Court

City Brewer    State ME    Zip Code 04412-1213

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

Name of Employer Kindred Healthcare Inc.    Occupation Dir Rev Cycle Mgmt Field

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR1094242443667**

Amount of Each Receipt this Period **200.00**

P/R Deduction (\$10.00 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 ▼ **480.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR1094243343667**

Amount of Each Receipt this Period **40.00**

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 ▼ **2400.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR1094246643667**

Amount of Each Receipt this Period **200.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>260.00</b>
<b>TOTAL</b> 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 46
	<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. 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 ▼ 460.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094246843667**  
 Amount of Each Receipt this Period 40.00  
 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 ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094247843667**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Benjamin A Breier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5400 Farm Ridge Lane  
 City Prospect State KY Zip Code 40059-7617  
 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 ▼ 4615.20

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094250943667**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	484.60
<b>TOTAL</b> 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 46
	<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. Krista J Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4541 Southern Parkway  
 City Louisville State KY Zip Code 40214-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Dir Financial Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1094251043667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Michael L. Moody**  
 Full Name (Last, First, Middle Initial)  
 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 HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1135243743667**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Josephine Litzenberger**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 432.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1135286943667**  
 Amount of Each Receipt this Period 36.00  
 P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.00
<b>TOTAL</b> 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 46
	<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. Gregory T Hayden**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1150400143667**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. 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 ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1150400543667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. 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 Ops Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1227852443667**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 29 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Larry Livengood**

Mailing Address 1219 Pilot Lane

City Galveston State TX Zip Code 77554-9345

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

Name of Employer Kindred Healthcare Inc. Occupation District Dir HR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1267996743667**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Loretta R Jordan**

Mailing Address 4006 Rock Bay Drive

City Louisville State KY Zip Code 40245-7461

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

Name of Employer Kindred Healthcare Inc. Occupation Dir Financial Systems Dev

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1267997743667**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Catherine Nurmela**

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 ▼ **345.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1267998443667**

Amount of Each Receipt this Period  
**30.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.00**

**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 30 OF 46
	<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. Jane Mathews**  
Full Name (Last, First, Middle Initial)  
Mailing Address 464 E. Cynthia Way  
City North Salt Lake State UT Zip Code 84054-1763  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation DVP HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1300207343667**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B. 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 ▼ 360.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1336786743667**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C. Lisa J Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7840 Broad Run Road  
City Louisville State KY Zip Code 40291-3718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Dir Financial Systems Dev  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1346288243667**  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 31 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mary D Van De Kamp**

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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1408953143667**

Amount of Each Receipt this Period  
**30.00**

P/R Deduction (\$15.00 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 Sr Dir Fin Systems Dev

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1408953243667**

Amount of Each Receipt this Period  
**40.00**

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

Full Name (Last, First, Middle Initial)  
**C. Juanita D Blevens**

Mailing Address 1712 Penile Road

City Louisville State KY Zip Code 40272-2116

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Insurance Admin

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

**Transaction ID : PR1541444243667**

Amount of Each Receipt this Period  
**20.00**

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ► **90.00**

**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 32 OF 46
	<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. Marilyn Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 Penile Rd  
 City Valley Station State KY Zip Code 40272-2180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Occupation Dir Licensure & Cert  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1618127243667**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. 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 SE Reg HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1618127543667**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Jeanna R. Conder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 Bartram Court  
 City Winchester State KY Zip Code 40391-9340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Occupation Sr Dir Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1618128943667**  
 Amount of Each Receipt this Period  
 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> 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 33 OF 46
	<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. Gregory B Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1109 Kirkham Trace  
 City Louisville State KY Zip Code 40299-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation DVP Construction Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1641623743667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 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 Enterprise Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1774751743667**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Andrea R. Romisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1846 Douglass Blvd  
 City Louisville State KY Zip Code 40205-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation SVP Benefits & Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1784229943667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> 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 34 OF 46
	<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) <b>A. Lawrence J. Toye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 3 September Lane		<b>Transaction ID : PR1784230843667</b>
City Burlington	State MA	Zip Code 01803-1819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare	Occupation Controller	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Falo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 7041 Clubview Dr		<b>Transaction ID : PR1784231543667</b>
City Bridgeville	State PA	Zip Code 15017-3600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Kindred Healthcare	Occupation Chief Clinical Off II	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>C. Michael J Warrington</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 118 Frosted Pond PL.		<b>Transaction ID : PR1797971043667</b>
City The Woodlands	State TX	Zip Code 77381-4763
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Kindred Healthcare Inc.	Occupation SVP Southeast Region HD	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 35 OF 46
	(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"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Janet L Seawell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11126 S. Star Court  
 City Goodyear State AZ Zip Code 85338-5477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Resource Exec Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1829395443667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Robert Gundersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Barnside Lane  
 City Sandwich State MA Zip Code 02563-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Market CEO III HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1829395743667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$5.00 Weekly)

**C. Mathu Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11124 Larkspur Ct  
 City Corona State CA Zip Code 92883-3111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Program Director II PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1930767043667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 36 OF 46
	<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**

Full Name (Last, First, Middle Initial)  
**A. Selma Etienne**

Mailing Address 35 Chester Ave

City State Zip Code  
Brockton MA 02301-5211

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

Name of Employer Kindred Healthcare, Inc. Occupation Certified Nursing Asst I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1930770043667**

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$5.00 Weekly)

Full Name (Last, First, Middle Initial)  
**B. Kelly A Priegnitz**

Mailing Address 160 South St. Gregory Church Road

City State Zip Code  
Samuels KY 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 ▼  
480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1950875243667**

Amount of Each Receipt this Period  
40.00

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

Full Name (Last, First, Middle Initial)  
**C. Matthew B Steinberg**

Mailing Address 9009 Anemone Drive

City State Zip Code  
Prospect KY 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 ▼  
480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : PR1961243243667**

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 37 OF 46
	<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) <b>A. Jeffrey M Jasnof</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 9012 Coltsfoot Trace		<b>Transaction ID : PR1961243343667</b>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
		Amount of Each Receipt this Period 100.00
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Jeffrey P Stodghill</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 2109 Village Drive #3		<b>Transaction ID : PR1961243443667</b>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
		Amount of Each Receipt this Period 100.00
		P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. James T Flowers</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 4020 Gilman Avenue		<b>Transaction ID : PR1975144143667</b>
City Louisville	State KY	Zip Code 40207-2112
FEC ID number of contributing federal political committee.	C	
Name of Employer Kindred Healthcare, Inc.	Occupation VP Corp Finance&Treasury	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
		Amount of Each Receipt this Period 60.00
		P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> 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 38 OF 46
	<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. Linda R Kurland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4912 Arbor Mill Drive  
 City Fort Worth State TX Zip Code 76135-9655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Area Director Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1983484243667**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1983484443667**  
 Amount of Each Receipt this Period 40.00  
 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 ▼ 2280.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1983484543667**  
 Amount of Each Receipt this Period 190.00  
 P/R Deduction (\$95.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 430.00  
**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 39 OF 46
	<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. 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 **550.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1983484643667**  
Amount of Each Receipt this Period **50.00**  
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 **844.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1983484743667**  
Amount of Each Receipt this Period **54.00**  
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 **990.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : PR1983484843667**  
Amount of Each Receipt this Period **90.00**  
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 40 OF 46
	<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. Sheila G Mathieu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Celia Terrace  
 City Randolph State MA Zip Code 02368-1810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Certified Nursing Asst I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR2023799543667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$5.00 Weekly)

**B. 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 ▼ 4200.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR2151070243667**  
 Amount of Each Receipt this Period 350.00  
 P/R Deduction (\$175.00 Bi-Weekly)

**C. Darlene A Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1915 Clearview Drive  
 City Lagrange State KY Zip Code 40031-9233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Clin IS & Training NCD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR2201869443667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> 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 41 OF 46
	<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. Stephen Farber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3611 Glenview Avenue  
 City Glenview State KY Zip Code 40025-7502  
 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 ▼ 4615.20

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR2201869643667**  
 Amount of Each Receipt this Period 384.60  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Cyd Doverspike**  
 Full Name (Last, First, Middle Initial)  
 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 Region Vice President KHR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR2204224043667**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 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 DVP HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR2204224143667**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	524.60
<b>TOTAL</b> 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 42 OF 46
	<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. Jason Zachariah**

Mailing Address 1004 Anchorage Woods Circle

City	State	Zip Code
Louisville	KY	40223-2370

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

Name of Employer	Occupation
Kindred Healthcare, Inc.	Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : PR2325313643667**

Amount of Each Receipt this Period  

50.00
-------

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

Full Name (Last, First, Middle Initial)  
**B. Rachel J Compton**

Mailing Address 15 Edgebrook Dr

City	State	Zip Code
Phillips Ranch	CA	91766-4769

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

Name of Employer	Occupation
Kindred Healthcare, Inc.	Region Vice President KHR

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
11	/	30	/	2015

**Transaction ID : PR2326240943667**

Amount of Each Receipt this Period  

80.00
-------

P/R Deduction (\$40.00 Weekly)

Full Name (Last, First, Middle Initial)  
**C. Tammy L Barker**

Mailing Address 23 Braxton Court

City	State	Zip Code
Simpsonville	KY	40067-7677

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

Name of Employer	Occupation
Kindred Healthcare, Inc.	SVP Clin & Res Svcs NCD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : PR2342814643667**

Amount of Each Receipt this Period  

100.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>7622.80</b>

**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 43 OF 46
<input 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 checked="" 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) <b>A. Friends of Schumer</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 68634722</b>
Mailing Address 192 Lexington Avenue, Suite 1001		Amount of Each Receipt this Period 3000.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C C00346312	Name of Employer	Occupation
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
		Refund of Contribution

Full Name (Last, First, Middle Initial) <b>B. Friends of John Boehner</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2015 <b>Transaction ID : 68634724</b>
Mailing Address 7908 Cincinnati Dayton Road, Suite		Amount of Each Receipt this Period 5000.00
City West Chester	State OH	Zip Code 45069-6628
FEC ID number of contributing federal political committee. C C00237198	Name of Employer	Occupation
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		Refund of Contribution

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		Refund of Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8000.00

**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. Joe Kennedy for Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Joseph P. Kennedy III**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 04

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

**Transaction ID : 68392229**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : 68567815**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68611100**

Amount of Each Disbursement this Period

2500.00

Contribution

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

5000.00

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

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

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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. Friends of Schumer**

Mailing Address 192 Lexington Avenue, Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : 68634836**

Amount of Each Disbursement this Period

3000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3000.00

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

8000.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. Republican Party of Kentucky - State Account**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 68616664**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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