

# 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  04 / 01 / 2015 through  04 / 30 / 2015

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  05 / 07 / 2015

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.....	111625.71	
(c) Total Receipts (from Line 19) .....	8013.80	133095.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	119639.51	206639.51
7. Total Disbursements (from Line 31).....	0.00	87000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119639.51	119639.51
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

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).....	4933.80	15335.20
(ii) Unitemized .....	3080.00	16870.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8013.80	32205.20
(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) .....	8013.80	32205.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	100890.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8013.80	133095.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8013.80	133095.20

**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.....	0.00	66000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
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)) ..	0.00	87000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	87000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8013.80	32205.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8013.80	32205.20
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 16  
(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. David R Windhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Spring Farms Road  
 City State Zip Code  
 Floyds Knobs IN 47119-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare Inc. VP Financial Systems Dev  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1094185040591**  
 Amount of Each Receipt this Period  
 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Charles Wardrip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2805 Chestnut Ridge Place  
 City State Zip Code  
 Louisville KY 40245-5307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare Inc. SVP & Chief Tech Officer  
 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  
 04 / 30 / 2015  
**Transaction ID : PR1094187940591**  
 Amount of Each Receipt this Period  
 90.00  
 P/R Deduction (\$45.00 Bi-Weekly)

**C. Stephen M Dobler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 Holly Springs Drive  
 City State Zip Code  
 Louisville KY 40242-7771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Kindred Healthcare Inc. VP IS Finance & Admin  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1094188040591**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 370.00  
**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 7 OF 16  
(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. Martin Ardron**

Mailing Address 41 La Sierra Dr.

City State Zip Code  
Phillips Ranch CA 91766-4703

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

Name of Employer Occupation  
Kindred Healthcare Inc. DVP HD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1094189140591**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 239 Fairfax Avenue

City State Zip Code  
Louisville KY 40207-3856

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1094192240591**

Amount of Each Receipt this Period  
380.00

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

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

Mailing Address 2017 Spring Farms Drive

City State Zip Code  
Floyds Knobs IN 47119-9723

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

Name of Employer Occupation  
Kindred Healthcare Inc. SVP CFO NCD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1094193140591**

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 680.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 320.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : PR1094193340591**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 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 ▼ 280.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : PR1094193940591**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. 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 ▼ 320.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : PR1094195140591**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 230.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<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 ▼ 360.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : PR1094195440591**  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$45.00 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 ▼ 768.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : PR1094195940591**  
Amount of Each Receipt this Period 192.00  
P/R Deduction (\$96.00 Bi-Weekly)

**C. 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 ▼ 480.00

Date of Receipt 04 / 30 / 2015  
**Transaction ID : PR1094196340591**  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 402.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
	<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. 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 ▼ **208.00**

Date of Receipt **04 / 30 / 2015**

**Transaction ID : PR1094197340591**

Amount of Each Receipt this Period **52.00**

P/R Deduction (\$26.00 Bi-Weekly)

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

Mailing Address 9103 Lexington Lane

City Louisville State KY Zip Code 40241-2423

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

Name of Employer Kindred Healthcare Inc. Occupation EVPStrategyPolicy&IntCare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt **04 / 30 / 2015**

**Transaction ID : PR1094198040591**

Amount of Each Receipt this Period **384.60**

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

**C. Michael Comer**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Lewis

City Irvine State CA Zip Code 92620-3362

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

Name of Employer Kindred Healthcare Inc. Occupation VP & CFO West Reg HD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **04 / 30 / 2015**

**Transaction ID : PR1094200440591**

Amount of Each Receipt this Period **70.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **506.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Steven Monaghan</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : PR1094200740591</b>
Mailing Address 222 East Witherspoon Drive #1203		Amount of Each Receipt this Period 312.00
City Louisville State KY Zip Code 40202-6318	FEC ID number of contributing federal political committee. C	P/R Deduction (\$156.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation President-HD	Aggregate Year-to-Date 1248.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patricia M McGillan</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : PR1094229940591</b>
Mailing Address 510 Altagate Rd		Amount of Each Receipt this Period 60.00
City Louisville State KY Zip Code 40206-2969	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl HD	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Douglas Roth</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 <b>Transaction ID : PR1094237340591</b>
Mailing Address 3272 E. Germana Circle		Amount of Each Receipt this Period 80.00
City Sandy State UT Zip Code 84093-2150	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc. Occupation VP Operation Finance NCD	Aggregate Year-to-Date 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	452.00
<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 12 OF 16
	<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"/>	<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. Raymond J Sierpina</b>		Date of Receipt
Mailing Address 14 Westwind Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Louisville	KY	40207-1519
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1094246640591</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
Kindred Healthcare Inc.	SVP Pub Pol & Gov Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Benjamin A Breier</b>		Date of Receipt
Mailing Address 5400 Farm Ridge Lane		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Prospect	KY	40059-7617
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1094250940591</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="384.60"/>
Name of Employer	Occupation	P/R Deduction (\$192.30 Bi-Weekly)
Kindred Healthcare Inc.	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1538.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael L. Moody</b>		Date of Receipt
Mailing Address 10606 Taylor Farm Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Prospect	KY	40059-9580
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1135243740591</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
Kindred Healthcare Inc.	DVP HD	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="664.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 16
	(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. Jeffrey M Jasnof**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9012 Coltsfoot Trace  
 City Prospect State KY Zip Code 40059-7672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Human Resources Ops  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 30 / 2015**  
**Transaction ID : PR1961243340591**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Jeffrey P Stodghill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 Kenilworth Place  
 City Louisville State KY Zip Code 40205-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 30 / 2015**  
**Transaction ID : PR1961243440591**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. James T Flowers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4020 Gilman Avenue  
 City Louisville State KY Zip Code 40207-2112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Corp Finance&Treasury  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 30 / 2015**  
**Transaction ID : PR1975144140591**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **260.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Linda R Kurland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8125 Trinity Vista Trails  
 City State Zip Code  
 Hurst TX 76053-7460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1983484240591**  
 Amount of Each Receipt this Period  
 200.00  
 P/R Deduction (\$100.00 Weekly)

**B. Patricia M Henry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 N Pearl St #502  
 City State Zip Code  
 Dallas TX 75201-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Executive Consultant RHB  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1983484540591**  
 Amount of Each Receipt this Period  
 190.00  
 P/R Deduction (\$95.00 Bi-Weekly)

**C. Jovena Stucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5851 Midnight Moon Dr  
 City State Zip Code  
 Frisco TX 75034-0715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : PR1983484740591**  
 Amount of Each Receipt this Period  
 54.00  
 P/R Deduction (\$27.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	444.00
<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 15 OF 16
	(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. 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 RHB  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **04 / 30 / 2015**  
**Transaction ID : PR1983484840591**  
Amount of Each Receipt this Period **90.00**  
P/R Deduction (\$45.00 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 **1400.00**

Date of Receipt **04 / 30 / 2015**  
**Transaction ID : PR2151070240591**  
Amount of Each Receipt this Period **350.00**  
P/R Deduction (\$175.00 Bi-Weekly)

**C. 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 **1538.40**

Date of Receipt **04 / 30 / 2015**  
**Transaction ID : PR2201869640591**  
Amount of Each Receipt this Period **384.60**  
P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>824.60</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 16 OF 16  
(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.** Full Name (Last, First, Middle Initial)  
**John David Cross**

Mailing Address 1731 Randons Point Drive.

City State Zip Code  
Sugar Land TX 77478-4270

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

Name of Employer Occupation  
Kindred Healthcare Inc. DVP HD

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015

**Transaction ID : PR2204224140591**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4933.80