

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. **12FE4M5**
Kindred Healthcare, Inc. PAC

ADDRESS (number and street) 680 S. Fourth St.
Check if different than previously reported. (ACC) Louisville KY 40202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00242271 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [08] / [01] / [2017] through [08] / [31] / [2017]

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 Sierpina, Raymond, , ,

Signature of Treasurer Sierpina, Raymond, , , [Electronically Filed] Date [09] / [13] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2017"/>		<input type="text" value="100911.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="108285.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12729.80"/>	<input type="text" value="118103.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="121015.77"/>	<input type="text" value="219015.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="103000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116015.77"/>	<input type="text" value="116015.77"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2017 To: M M / D D / Y Y Y Y 08 / 31 / 2017

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).....	11733.80	69608.30
(ii) Unitemized	996.00	18495.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12729.80	88103.80
(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)	12729.80	88103.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	30000.00
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)).....▶	12729.80	118103.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12729.80	118103.80

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	103000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	5000.00	103000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	103000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	12729.80	88103.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12729.80	88103.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
<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

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. Wallace, Kent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2447 Hidden River Lane
 City Franklin State TN Zip Code 37069-6933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) EVP, COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 11 / 2017
Transaction ID : 76045320
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Kubiатовski, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Mockingbird Hill Road
 City Louisville State KY Zip Code 40207-1852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Deputy Gen. Counsel/Sr. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2017
Transaction ID : 76150286
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Windhorst, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Financial Systems Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094185055701
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	6080.00
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 28
	<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. Gooch, Catherine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Fin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094185955701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Gillenwater, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 Erin Drive
 City Jeffersonville State IN Zip Code 47130-5290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir IS Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.50

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094186455701
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

C. Wardrip, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Chestnut Ridge Place
 City Louisville State KY Zip Code 40245-5307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094187955701
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	185.00
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 28
	<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. Dobler, Stephen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Holly Springs Drive
 City Louisville State KY Zip Code 40242-7771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Finance Admin & HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1785.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094188055701
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

B. Billingsley, Linn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 122
 City Blue Diamond State NV Zip Code 89004-0122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Integrated Market
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094189855701
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Turk, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Resource CEO HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094190055701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	350.00
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 28
<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. Foster, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Executive Off III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094190355701
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Muldoon, Sean, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Talahi Way
 City Louisville State KY Zip Code 40207-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP & Chief Med Off HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3230.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094192255701
 Amount of Each Receipt this Period 380.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

C. Day, Joel, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Operations CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094193155701
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	510.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<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. Moss, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Mktg & Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094193355701
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Lozier, Michael, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir Purch Contract Adm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094193755701
 Amount of Each Receipt this Period 32.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

C. Grannan, Charles Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Purchasing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094193955701
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	182.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
<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. Bean, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094195155701
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Woods, Anne, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094195455701
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

C. Lucchese, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP & Chief Accting Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1644.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094195955701
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<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. Michels, Rose, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir Tax Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094196055701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Landenwich, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094196355701
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. O'Bryan, Linda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Patient Care & Qual HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094196755701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Curnutte, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Corporate Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094197255701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Caudill, Brian, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir HD Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094197355701
 Amount of Each Receipt this Period 52.00
 Memo Item
 P/R Deduction (\$26.00 Bi-Weekly)

C. Altman, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) EVP CSO & Chief of Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094198055701
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	466.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
<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. Feasel, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 733 Chicago Avenue
 APT. 509
 City Evanston State IL Zip Code 60202-2381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094203055701
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Simpson, Timothy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094204355701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Tillery, Anita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Executive Dir II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094211055701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28
	<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. Butenko, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1835 Franklin Street # 303

City San Francisco	State CA	Zip Code 94109-3455
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Kindred Healthcare, Inc	Occupation (for Individual) DVP NCD
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : PR1094216955701

Amount of Each Receipt this Period
40.00

Memo Item

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

B. Bell, James, E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc.	Occupation (for Individual) Sr Dir Div Reimb HD
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : PR1094225055701

Amount of Each Receipt this Period
30.00

Memo Item

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

C. McGillan, Patricia, M., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 S. Hite Avenue

City Louisville	State KY	Zip Code 40206-2518
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Kindred Healthcare Inc.	Occupation (for Individual) VP & Chief Counsel NCD
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : PR1094229955701

Amount of Each Receipt this Period
60.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
<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. Kalmey, Pete, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) President-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094232055701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Goddard, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Labor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094233555701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Johnson-White, Tamila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Case Management NCD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094235455701
 Amount of Each Receipt this Period 40.00
 Memo Item
 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 17 OF 28
	<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. Sierpina, Raymond, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Pub Pol & Gov Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094246655701
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Tanner, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Market Executive Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094246855701
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Rucker, Gwynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP NCD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094247855701
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<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. Breier, Benjamin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5718 Harrods Glen Drive
 City Prospect State KY Zip Code 40059-7644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1094250955701
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Moody, Michael, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Business Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1135243755701
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Litzenberger, Josephine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Cnslt Mgd Care Contrac
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1135286955701
 Amount of Each Receipt this Period 36.00
 Memo Item
 P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	500.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
	<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. Hayden, Gregory, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Dir State Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1150400155701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Viers, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP & Asst Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1150400555701
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

C. Bresee, Pamela, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Div Dir Finance Oper Supp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1227852455701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 28
	(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. Nurmela, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Clinical Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : PR1267998455701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Johnson, Mark, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Mgr Customer Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : PR1336786755701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Van De Kamp, Mary, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Quality & Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : PR1408953155701
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 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 21 OF 28
	<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. Adams, Pamela, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Fin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1408953255701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Dailey, Mary Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) VP CCO HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1618127555701
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Priegnitz, Kelly, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 South St. Gregory Church Road
 City Samuels State KY Zip Code 40013-7455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP & Chief Compl Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1950875255701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 28
	<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. Steinberg, Matthew, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9009 Anemone Drive
 City Prospect State KY Zip Code 40059-6576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Litigation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1961243255701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Jasnoff, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Human Resources Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1961243355701
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Stodghill, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 Cypress Springs Place
 City Louisville State KY Zip Code 40245-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) VP & Corporate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1961243455701
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	240.00
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 28
	<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. Flowers, James, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4024 St. Germaine Court
 City Louisville State KY Zip Code 40207-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Corp Fin & Treasury
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1975144155701
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. Sharp, Sherrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) DVP Rehab KRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1983484655701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Willman, Mary, Claire, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) DVP Sales KRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR1983484855701
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 28
<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. Cunanan, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Admin & CPO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2975.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2151070255701
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$175.00 Bi-Weekly)

B. Farber, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5807 Harrods Glen Drive
 City Prospect State KY Zip Code 40059-7650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Exec VP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2201869655701
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Doverspike, Cyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Region KHRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2204224055701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	774.60
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 25 OF 28
<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. Cross, John, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Market CEO I HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2204224155701
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Haglund, Matthew, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 537 Mayfair Circle
 City Orlando State FL Zip Code 32803-6624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Sales KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2290457355701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Zachariah, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 Anchorage Woods Circle
 City Louisville State KY Zip Code 40223-2370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) President KRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2325313655701
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 28
	(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. Compton, Rachel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Edgebrook Dr
 City Phillips Ranch State CA Zip Code 91766-4769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Region Vice President KHR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2326240955701
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Koehler, Hans, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4512 Augusta National Drive
 City Floyds Knobs State IN Zip Code 47119-9638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc Occupation (for Individual) SVP Liability Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2360639855701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Hendrickson, Eugene, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Andrew Drive
 City Floyds Knobs State IN Zip Code 47119-9363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Sr Dir Property Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2017
Transaction ID : PR2471350055701
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	160.00
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 27 OF 28
(check only one)

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

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

A. Gusoff, Gary, K., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15201 Chestnut Ridge Circle

City Louisville	State KY	Zip Code 40245-5301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kindred Healthcare, Inc.	Occupation (for Individual) Dir IS Process Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : PR2474896155701

Amount of Each Receipt this Period
30.00

Memo Item

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

B. Johnson, Dean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Grande Loch

City Roswell	State GA	Zip Code 30075-2268
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kindred Healthcare, Inc.	Occupation (for Individual) SVP Enterprise Sales
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : PR2479927955701

Amount of Each Receipt this Period
200.00

Memo Item

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

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	11733.80

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Deb Fischer for US Senate Inc		Date of Disbursement MM / DD / YYYY 08 / 24 / 2017
Mailing Address 5555 South Street		FEC Identification Number C 000498907 Transaction ID : 76124588
City Lincoln	State NE	Zip Code 68506
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Fischer, Debra, S., Sen.,		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NE	District:	

Full Name (Last, First, Middle Initial) B. Jeff Flake for US Senate Inc		Date of Disbursement MM / DD / YYYY 08 / 24 / 2017
Mailing Address PO Box 12512		FEC Identification Number C 000347260 Transaction ID : 76124645
City Tempe	State AZ	Zip Code 85284-0042
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Flake, Jeff, , Sen.,		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: AZ	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00