

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 [02] / [01] / [2017] through [02] / [28] / [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 [03] / [06] / [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)

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=""/>	<input type="text" value="100911.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="116402.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6991.80"/>	<input type="text" value="43982.60"/>
(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="123394.57"/>	<input type="text" value="144894.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9500.00"/>	<input type="text" value="31000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113894.57"/>	<input type="text" value="113894.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3375.80	5469.60
(ii) Unitemized	3616.00	8513.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6991.80	13982.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6991.80	13982.60
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)).....▶	6991.80	43982.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6991.80	43982.60

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.....	9500.00	31000.00
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)) ..	9500.00	31000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	31000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6991.80	13982.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6991.80	13982.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<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. 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 ▼ 220.00

Date of Receipt 02 / 28 / 2017
Transaction ID : PR1094187953195
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. 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 ▼ 420.00

Date of Receipt 02 / 28 / 2017
Transaction ID : PR1094188053195
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

C. 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 ▼ 760.00

Date of Receipt 02 / 28 / 2017
Transaction ID : PR1094192253195
 Amount of Each Receipt this Period 380.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	700.00
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 12
	<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. 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : PR1094195453195
 Amount of Each Receipt this Period
 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. 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 ▼ 384.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : PR1094195953195
 Amount of Each Receipt this Period
 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

C. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : PR1094196353195
 Amount of Each Receipt this Period
 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	422.00
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 12
	<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. 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) EVPStrategyPolicy&IntCare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2017
Transaction ID : PR1094198053195
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : PR1094246653195
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2017
Transaction ID : PR1094250953195
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	969.20
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 12
<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. 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) DVP Asst Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : PR1150400553195
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 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 ▼ 400.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : PR1618127553195
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 700.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : PR2151070253195
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$175.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	700.00
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 10 OF 12
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Farber, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1349
 City Prospect State KY Zip Code 40059-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Exec VP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : PR2201869653195
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Enterprise Sales
 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
 02 / 28 / 2017
Transaction ID : PR2479927953195
 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)
 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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	584.60
TOTAL This Period (last page this line number only).....▶	3375.80

**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

A. Federation of American Hospitals PAC

Full Name (Last, First, Middle Initial)

Mailing Address 750 9th Street NW, Suite 600

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

Candidate Name **Federation of American Hospitals PAC**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 10 / 2017

FEC Identification Number: C00002261

Transaction ID : 74926827

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

B. Marco Rubio for Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 661537

City Miami State FL Zip Code 33266

Purpose of Disbursement Contribution

Candidate Name **Rubio, Marco, , Sen.,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District:

Date of Disbursement: 02 / 17 / 2017

FEC Identification Number: C00620518

Transaction ID : 74950798

Amount of Each Disbursement this Period: 1000.00

Contribution

Memo Item

C. McCaskill for Missouri

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 300077

City St Louis State MO Zip Code 63130

Purpose of Disbursement Contribution

Candidate Name **McCaskill, Claire, , Sen.,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 02 / 17 / 2017

FEC Identification Number: C00431304

Transaction ID : 74950799

Amount of Each Disbursement this Period: 1000.00

Contribution

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bill Nelson for US Senate		Date of Disbursement MM / DD / YYYY 02 / 17 / 2017	
Mailing Address 972 W Whitmire Drive		FEC Identification Number C 00344051 Transaction ID : 74950800	
City Melbourne	State FL	Zip Code 32935	Amount of Each Disbursement this Period 2500.00 Contribution
Purpose of Disbursement Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name Nelson, Bill, , Sen.,			
Office Sought: <input checked="" 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) ▼		
State: FL District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
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)		
State: District:			

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

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	9500.00