

**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.....	119639.51	
(c) Total Receipts (from Line 19)	29170.20	162265.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	148809.71	235809.71
7. Total Disbursements (from Line 31).....	12000.00	99000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	136809.71	136809.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18258.70	33593.90
(ii) Unitemized	2911.50	19781.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21170.20	53375.40
(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)	21170.20	53375.40
12. Transfers From Affiliated/Other Party Committees.....	8000.00	108890.00
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))..... ▶	29170.20	162265.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29170.20	162265.40

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.....	10000.00	76000.00
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	2000.00	2000.00
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)) ..	12000.00	99000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	99000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21170.20	53375.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21170.20	53375.40
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 26
<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. Heyward R. Donigan
Full Name (Last, First, Middle Initial)
Mailing Address 452 Discovery Road
City Virginia Beach State VA Zip Code 23451-2158
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Board of Directors
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 29 / 2015
Transaction ID : 66086059
Amount of Each Receipt this Period 5000.00

B. Kent Wallace
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare, Inc. Occupation EVP, COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 22 / 2015
Transaction ID : 66090054
Amount of Each Receipt this Period 5000.00

C. David R Windhorst
Full Name (Last, First, Middle Initial)
Mailing Address 2000 Spring Farms Road
City Floyds Knobs State IN Zip Code 47119-9722
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation VP Financial Systems Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094185041084
Amount of Each Receipt this Period 120.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 10120.00
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 26
(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. Lawrence I Wolf

Mailing Address 4721 N Clark Street #3S

City State Zip Code
 Chicago IL 60640-7553

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

Name of Employer Occupation
 Kindred Healthcare Inc. CIO IM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 05 / 31 / 2015
Transaction ID : PR1094185141084

Amount of Each Receipt this Period
 60.00

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

Full Name (Last, First, Middle Initial)
B. Catherine A Gooch

Mailing Address 14516 Clear Meadow Court

City State Zip Code
 Louisville KY 40245-5264

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

Name of Employer Occupation
 Kindred Healthcare Inc. Sr Dir Fin Systems Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 05 / 31 / 2015
Transaction ID : PR1094185941084

Amount of Each Receipt this Period
 60.00

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

Full Name (Last, First, Middle Initial)
c. Charles Wardrip

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 ▼
 495.00

Date of Receipt
 05 / 31 / 2015
Transaction ID : PR1094187941084

Amount of Each Receipt this Period
 135.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.00

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 8 OF 26
(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. 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 Kindred Healthcare Inc. Occupation VP IS Finance & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR1094188041084
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. Terry Carrico
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Wolf Lair Court
 City State Zip Code
 New Albany IN 47150-9587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR1094188241084
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Martin Ardron
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR1094189141084
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.00
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 9 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1134 W. Granville Avenue
Unit 815

City Chicago State IL Zip Code 60660-5049

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Off III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR1094190341084

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 239 Fairfax Avenue

City Louisville State KY Zip Code 40207-3856

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2090.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR1094192241084

Amount of Each Receipt this Period
570.00

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

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

Mailing Address 2017 Spring Farms Drive

City Floyds Knobs State IN Zip Code 47119-9723

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

Name of Employer Kindred Healthcare Inc. Occupation SVP CFO NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2015
Transaction ID : PR1094193141084

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00

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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan Moss		Date of Receipt
Mailing Address 161 Westwind Road		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Louisville	KY	40207-1545
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1094193341084
Name of Employer	Occupation	Amount of Each Receipt this Period
Kindred Healthcare Inc.	SVP Mktg & Communications	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) B. Charles Michael Grannan		Date of Receipt
Mailing Address 7109 Cannonade Court		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Prospect	KY	40059-9332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1094193941084
Name of Employer	Occupation	Amount of Each Receipt this Period
Kindred Healthcare Inc.	VP Purchasing	<input type="text" value="105.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$35.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="385.00"/>	

Full Name (Last, First, Middle Initial) C. Mary Suzanne Riedman		Date of Receipt
Mailing Address 4308 Hampton Creek Drive		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Louisville	KY	40241-6423
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1094194241084
Name of Employer	Occupation	Amount of Each Receipt this Period
Kindred Healthcare Inc.	Gen Coun & CDO	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="285.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Michael J Bean

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 ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR1094195141084

Amount of Each Receipt this Period
120.00

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

Full Name (Last, First, Middle Initial)
B. Anne S Woods

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 ▼ **495.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR1094195441084

Amount of Each Receipt this Period
135.00

P/R Deduction (\$45.00 Bi-Weekly)

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

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 ▼ **1056.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR1094195941084

Amount of Each Receipt this Period
288.00

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

SUBTOTAL of Receipts This Page (optional).....▶	543.00
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 12 OF 26
(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. 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 ▼ 660.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094196341084
 Amount of Each Receipt this Period 180.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. Linda M O'Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Mockingbird Terrace Drive Unit 203
 City Louisville State KY Zip Code 40207-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Patient Care & Qual HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094196741084
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 286.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094197341084
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$26.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 318.00
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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

A. 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 **2115.30**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR1094198041084
 Amount of Each Receipt this Period **576.90**
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 **385.00**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR1094200441084
 Amount of Each Receipt this Period **105.00**
 P/R Deduction (\$35.00 Bi-Weekly)

C. Steven Monaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 East Witherspoon Drive #1203
 City Louisville State KY Zip Code 40202-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation President-HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1716.00**

Date of Receipt **05 / 31 / 2015**
Transaction ID : PR1094200741084
 Amount of Each Receipt this Period **468.00**
 P/R Deduction (\$156.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1149.90
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 14 OF 26
(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. Timothy L Simpson
 Mailing Address 2924 Majestic Oaks Lane
 City State Zip Code
 Green Cove Springs FL 32043-8329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015
Transaction ID : PR1094204341084
 Amount of Each Receipt this Period
60.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Michael W Beal
 Mailing Address 10 Glenwood Road
 City State Zip Code
 Windham NH 03087-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation President NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015
Transaction ID : PR1094214141084
 Amount of Each Receipt this Period
60.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Julie Butenko
 Mailing Address 1835 Franklin Street # 303
 City State Zip Code
 San Francisco CA 94109-3455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc Occupation DVP NCD
 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
05 / 31 / 2015
Transaction ID : PR1094216941084
 Amount of Each Receipt this Period
60.00
 P/R Deduction (\$20.00 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 15 OF 26
	<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. Gloria J Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3528 Rhett Butler Place
 City Charlotte State NC Zip Code 28270-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094222141084
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Patricia M McGillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Altagate Rd
 City Louisville State KY Zip Code 40206-2969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094229941084
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. Edward J Goddard
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Peters Lane
 City Wrentham State MA Zip Code 02093-1036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094233541084
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 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 16 OF 26
(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. Tamila Johnson-White
 Full Name (Last, First, Middle Initial)
 Mailing Address 2615 Zhale Smith Rd.
 City Lagrange State KY Zip Code 40031-8098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP Case Mgmt NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094235441084
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Douglas Roth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3272 E. Germania Circle
 City Sandy State UT Zip Code 84093-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Operation Finance NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094237341084
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Brian Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 953 Francis Avenue
 City Bexley State OH Zip Code 43209-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP Assisted Living Fac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094243341084
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 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: PAGE 17 OF 26
(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. Raymond J Sierpina
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Westwind Road
 City Louisville State KY Zip Code 40207-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVP Pub Pol & Gov Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094246641084
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. Benjamin A Breier
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 Farm Ridge Lane
 City Prospect State KY Zip Code 40059-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1094250941084
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. Michael L. Moody
 Full Name (Last, First, Middle Initial)
 Mailing Address 10606 Taylor Farm Ct
 City Prospect State KY Zip Code 40059-9580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1135243741084
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 996.90
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 26
	<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. Pamela A. Adams
Full Name (Last, First, Middle Initial)

Mailing Address 6616 Sycamore Bend Trace

City	State	Zip Code
Louisville	KY	40291-3780

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

Name of Employer	Occupation
Kindred Healthcare Inc.	Sr Dir Fin Systems Dev

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
05	/	31	/	2015

Transaction ID : PR1408953241084

Amount of Each Receipt this Period

60.00

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

B. David M Mikula
Full Name (Last, First, Middle Initial)

Mailing Address 4616 Hallmark Drive

City	State	Zip Code
Dallas	TX	75229-2940

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

Name of Employer	Occupation
Kindred Healthcare Inc.	SVP Enterprise Sales

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
05	/	31	/	2015

Transaction ID : PR1774751741084

Amount of Each Receipt this Period

60.00

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

C. Lawrence J. Toye
Full Name (Last, First, Middle Initial)

Mailing Address 3 September Lane

City	State	Zip Code
Burlington	MA	01803-1819

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

Name of Employer	Occupation
Kindred Healthcare	Controller

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
05	/	31	/	2015

Transaction ID : PR1784230841084

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 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 19 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kelly A Priegnitz		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR1950875241084
Mailing Address 160 South St. Gregory Church Road		Amount of Each Receipt this Period 60.00
City Samuels	State KY	Zip Code 40013-7455
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation SVP & Chief Compl Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Matthew B Steinberg		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR1961243241084
Mailing Address 9009 Anemone Drive		Amount of Each Receipt this Period 60.00
City Prospect	State KY	Zip Code 40059-6576
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation VP Litigation Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Jeffrey M Jasnoff		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR1961243341084
Mailing Address 9012 Coltsfoot Trace		Amount of Each Receipt this Period 150.00
City Prospect	State KY	Zip Code 40059-7672
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation SVP Human Resources Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
	<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. 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 ▼ 550.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1961243441084
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ 330.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1975144141084
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. Linda R Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8125 Trinity Vista Trails
 City Hurst State TX Zip Code 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 ▼ 1000.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1983484241084
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 440.00
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 21 OF 26
	(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. James M Douthitt
Full Name (Last, First, Middle Initial)

Mailing Address 160 N Sappington Rd

City Saint Louis State MO Zip Code 63122-4854

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

Name of Employer Kindred Healthcare, Inc. Occupation SVP Operations SRS

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
05 / 31 / 2015

Transaction ID : PR1983484441084

Amount of Each Receipt this Period
60.00

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

B. Patricia M Henry
Full Name (Last, First, Middle Initial)

Mailing Address 2555 N Pearl St #502

City Dallas State TX Zip Code 75201-2244

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Consultant RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR1983484541084

Amount of Each Receipt this Period
285.00

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

c. Sherrie Sharp
Full Name (Last, First, Middle Initial)

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223-9129

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Rehab RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR1983484641084

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **395.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 22 OF 26
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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. Jovena Stucker
Full Name (Last, First, Middle Initial)
Mailing Address 5851 Midnight Moon Dr
City Frisco State TX Zip Code 75034-0715
FEC ID number of contributing federal political committee. C
Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 270.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1983484741084
Amount of Each Receipt this Period 54.00
P/R Deduction (\$27.00 Weekly)

B. Mary Claire Willman
Full Name (Last, First, Middle Initial)
Mailing Address 440 Belleview Avenue
City Saint Louis State MO Zip Code 63119-3621
FEC ID number of contributing federal political committee. C
Name of Employer Kindred Healthcare, Inc. Occupation DVP Sales RHB
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 450.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR1983484841084
Amount of Each Receipt this Period 90.00
P/R Deduction (\$45.00 Weekly)

C. Stephen R Cunanan
Full Name (Last, First, Middle Initial)
Mailing Address 7913 Farm Spring Drive
City Prospect State KY Zip Code 40059-7616
FEC ID number of contributing federal political committee. C
Name of Employer Kindred Healthcare Inc. Occupation Chief Admin & CPO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1925.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR2151070241084
Amount of Each Receipt this Period 525.00
P/R Deduction (\$175.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 669.00
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 23 OF 26
	(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

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

Mailing Address 3611 Glenview Avenue

City State Zip Code
Glenview KY 40025-7502

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

Name of Employer Occupation
Kindred Healthcare, Inc. Exec VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR2201869641084

Amount of Each Receipt this Period
576.90

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

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

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : PR2204224141084

Amount of Each Receipt this Period
100.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	676.90
TOTAL This Period (last page this line number only).....▶	18258.70

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

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

FOR LINE NUMBER: PAGE 24 OF 26
(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. Gentiva Health Services Inc PAC GentivaPAC

Mailing Address 3350 Riverwood Parkway, Suite 1400

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00407080

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
108890.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 66248425

Amount of Each Receipt this Period
8000.00

Transfer from Affiliated Committee

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Kentucky State Democratic Central Executive Committee - Federal Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Mailing Address PO Box 694

Transaction ID : 65587901

City Frankfort State KY Zip Code 40602

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bennet for Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Mailing Address PO Box 3078

Transaction ID : 65587903

City Denver State CO Zip Code 80201

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

Sen. Michael F. Bennet
Office Sought: House Senate President
State: CO District:

Disbursement For: 2016 Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Friends of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Mailing Address PO Box 1053

Transaction ID : 65783161

City Bloomington State IN Zip Code 47402

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Contribution

Candidate Name

Rep. Todd Christopher Young
Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2016 Primary General Other (specify) ▼

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

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

10000.00

10000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Conway Overly for Kentucky

Mailing Address PO Box 7803

City State Zip Code
Louisville KY 40257

Purpose of Disbursement
Jack Conway, ATTORNEY GENERAL KY

Candidate Name
Jack Conway

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 65587900

Amount of Each Disbursement this Period

Jack Conway, ATTORNEY GENERAL KY

Full Name (Last, First, Middle Initial)

B. Conway Overly for Kentucky

Mailing Address PO Box 7803

City State Zip Code
Louisville KY 40257

Purpose of Disbursement
Jack Conway, ATTORNEY GENERAL KY

Candidate Name
Jack Conway

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 65587904

Amount of Each Disbursement this Period

Jack Conway, ATTORNEY GENERAL KY

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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