

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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2017 through 07 / 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.
Sierpina, Raymond, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Sierpina, Raymond, , ,* [Electronically Filed] Date 08 / 09 / 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="135588.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18697.80"/>	<input type="text" value="105374.00"/>
(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="154285.97"/>	<input type="text" value="206285.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46000.00"/>	<input type="text" value="98000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="108285.97"/>	<input type="text" value="108285.97"/>
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

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2017 To: MM / DD / YYYY 07 / 31 / 2017

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	17759.80	57874.50
(ii) Unitemized	938.00	17499.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18697.80	75374.00
(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)	18697.80	75374.00
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)).....▶	18697.80	105374.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18697.80	105374.00

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.....	46000.00	98000.00
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)) ..	46000.00	98000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46000.00	98000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	18697.80	75374.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18697.80	75374.00
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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Goodman, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Evergreen Lane
 City Larchmont State NY Zip Code 10538-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Board of Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 11 / 2017
Transaction ID : 75848634
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Simon, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 Stoney Point Lane
 City Franklin State TN Zip Code 37067-6403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 11 / 2017
Transaction ID : 75850636
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Donigan, Heyward, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 21 / 2017
Transaction ID : 75926690
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
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 31
	<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. Byrd, Deidra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5212 Pebble Creek Place
 City Louisville State KY Zip Code 40241-1461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP, Chief Employment Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 28 / 2017**
Transaction ID : 75948397
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 600.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : PR1094185055346
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. 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 ▼ 300.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : PR1094185955346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1120.00
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 31
	<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. 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 ▼ 262.50

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094186455346
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

B. 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 ▼ 825.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094187955346
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

C. 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 ▼ 1575.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094188055346
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 31
	<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. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : PR1094189855346
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : PR1094190055346
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : PR1094190355346
 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: (check only one)	PAGE 10 OF 31
	<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. 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 ▼ 2850.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094192255346
 Amount of Each Receipt this Period 380.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

B. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094193155346
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094193355346
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	540.00
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 31
<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. 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 ▼ 240.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094193755346
 Amount of Each Receipt this Period 32.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

B. 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 ▼ 525.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094193955346
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

C. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094195155346
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 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 12 OF 31
<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. 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 ▼ 825.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094195455346
 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 ▼ 1444.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094195955346
 Amount of Each Receipt this Period 196.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094196055346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	336.00
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 31
	<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. 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 ▼ 900.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094196355346
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094196755346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094197255346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 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 14 OF 31
	<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. 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 ▼ 390.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094197355346
 Amount of Each Receipt this Period 52.00
 Memo Item
 P/R Deduction (\$26.00 Bi-Weekly)

B. 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 ▼ 2884.50

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094198055346
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094203055346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 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 15 OF 31
	<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. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094204355346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094211055346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094216955346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
<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. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094225055346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094229955346
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094232055346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<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. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR109423355346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR10942335455346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 1050.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094246655346
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 31
	<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. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR109424685346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094247855346
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 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 ▼ 2884.50

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1094250955346
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	484.60
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 31
	<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. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1135243755346
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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 ▼ 270.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1135286955346
 Amount of Each Receipt this Period 36.00
 Memo Item
 P/R Deduction (\$18.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1150400155346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	146.00
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 31
	<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 ▼ 1125.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR115040055346
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

B. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1227852455346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1267998455346
 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: (check only one)	PAGE 21 OF 31
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1336786755346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1408953155346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1408953255346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	100.00
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 31
	<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. 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 ▼ 1500.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR161812755346
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1950875255346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1961243255346
 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 23 OF 31
	<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. 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 ▼ 750.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR196124335346
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ 750.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1961243455346
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 450.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1975144155346
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<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. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1983484655346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 675.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR1983484855346
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 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 ▼ 2625.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2151070255346
 Amount of Each Receipt this Period 350.00
 Memo Item
 P/R Deduction (\$175.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	480.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Farber, Stephen, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2017
Mailing Address 5807 Harrods Glen Drive			Transaction ID : PR220186965346
City Prospect	State KY	Zip Code 40059-7650	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kindred Healthcare, Inc.		Occupation (for Individual) Exec VP & CFO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Doverspike, Cyd, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2017
Mailing Address P.O. Box 159			Transaction ID : PR2204224055346
City Larose	State LA	Zip Code 70373-0159	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kindred Healthcare Inc.		Occupation (for Individual) DVP Region KHRS	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cross, John, David, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2017
Mailing Address 1731 Randons Point Drive.			Transaction ID : PR2204224155346
City Sugar Land	State TX	Zip Code 77478-4270	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kindred Healthcare Inc.		Occupation (for Individual) Market CEO I HD	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional).....	524.60
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 26 OF 31
	<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. 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) Gentiva Health Services Inc. Occupation (for Individual) DVP Sales KAH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2290457355346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 375.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2325313655346
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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 ▼ 600.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2326240955346
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 27 OF 31
	<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. 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 ▼ 300.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2360639855346
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 230.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2471350055346
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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
 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 ▼ 225.00

Date of Receipt 07 / 31 / 2017
Transaction ID : PR2474896155346
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 28 OF 31
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Dean, , ,

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
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2017

Transaction ID : PR2479927955346

Amount of Each Receipt this Period
200.00

Memo Item

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

B. 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	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	17759.80

**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. Texans for Senator John Cornyn Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement Contribution
Candidate Name **Cornyn, John, , Sen.,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: TX District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: **C00369033**
Transaction ID : **75851564**
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

B. Alamo PAC

Full Name (Last, First, Middle Initial)
Mailing Address 919 Congress Avenue, Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement Contribution
Candidate Name **Alamo PAC**
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: **C00387464**
Transaction ID : **75851567**
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

C. Heller for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution
Candidate Name **Heller, Dean, , Sen.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: **C00494229**
Transaction ID : **75851569**
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15000.00

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

**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. HellerHighWater PAC		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address PO Box 370672		FEC Identification Number C C00471607 Transaction ID : 75851570 Amount of Each Disbursement this Period 5000.00 Contribution
City Las Vegas	State NV	Zip Code 89137
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name HellerHighWater PAC		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee (NRSC)		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 425 2nd Street NE		FEC Identification Number C C00027466 Transaction ID : 75851571 Amount of Each Disbursement this Period 15000.00 Contribution
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name National Republican Senatorial Committee (NRSC)		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Republican Party of Kentucky - Federal Account		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address PO Box 1068		FEC Identification Number C Transaction ID : 75851573 Amount of Each Disbursement this Period 5000.00 Contribution
City Frankfort	State KY	Zip Code 40602
Purpose of Disbursement Contribution		011 Category/ Type
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	

**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. Texans for Senator John Cornyn Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement Contribution

Candidate Name
Cornyn, John, , Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District:

Date of Disbursement: 07 / 14 / 2017

FEC Identification Number: C00369033
Transaction ID : 75866714
Amount of Each Disbursement this Period: 5000.00
Contribution
 Memo Item

B. Heller for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution

Candidate Name
Heller, Dean, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: NV District:

Date of Disbursement: 07 / 14 / 2017

FEC Identification Number: C00494229
Transaction ID : 75866715
Amount of Each Disbursement this Period: 1000.00
Contribution
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C
Amount of Each Disbursement this Period:
Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	46000.00