

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 C C00242271 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 06/01/2016 through 06/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Raymond Sierpina

Signature of Treasurer Raymond Sierpina [Electronically Filed] Date 07/06/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="147536.57"/>	<input type="text" value="147536.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105278.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="29225.80"/>	<input type="text" value="90467.70"/>
(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="134504.27"/>	<input type="text" value="238004.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="113500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="124504.27"/>	<input type="text" value="124504.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 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).....	27607.80	50320.70
(ii) Unitemized	1618.00	20147.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29225.80	70467.70
(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)	29225.80	70467.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	20000.00
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))..... ▶	29225.80	90467.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29225.80	90467.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	10000.00	109500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	4000.00
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)) ..	10000.00	113500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	113500.00

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)	29225.80	70467.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29225.80	70467.70
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 27
<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. Thomas P Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 3335
 City Rancho Santa Fe State CA Zip Code 92067-3335
 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 **1000.00**

Date of Receipt **06 / 03 / 2016**
Transaction ID : 71567482
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Phyllis Yale
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Moon Hill Road
 City Lexington State MA Zip Code 02421-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 14 / 2016**
Transaction ID : 71743036
 Amount of Each Receipt this Period **5000.00**
 Memo Item

C. Michael Tatelbame
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 N Lake Shore Drive, #208
 City Chicago State IL Zip Code 60611-4404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation DVP, Human Resources
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 14 / 2016**
Transaction ID : 71743976
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7000.00
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 27
	<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. Paul J Diaz
Full Name (Last, First, Middle Initial)

Mailing Address 3758 Upper River Road

City Louisville State KY Zip Code 40207-1006

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

Name of Employer Kindred Healthcare, Inc Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : 71777618

Amount of Each Receipt this Period
 5000.00

Memo Item

B. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : 71777619

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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 Kindred Healthcare Inc Occupation Board of Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2016
Transaction ID : 72004049

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 27
	<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. David R Windhorst
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Spring Farms Road
 City State Zip Code
 Floyds Knobs IN 47119-9722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Financial Systems Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1094185048282
 Amount of Each Receipt this Period
 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Catherine A Gooch
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation DVP Fin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1094185948282
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patrick J Gillenwater
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 Erin Drive
 City State Zip Code
 Jeffersonville IN 47130-5290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir IS Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1094186448282
 Amount of Each Receipt this Period
 35.00
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 27
	<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. Charles Wardrip
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094187948282
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. Stephen M Dobler
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation VP IS Finance & Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1305.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094188048282
 Amount of Each Receipt this Period 205.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

C. Jan Turk
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Chief Executive Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094190048282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 345.00
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 27
	<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. Larry Foster
Full Name (Last, First, Middle Initial)

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 ▼
325.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1094190348282

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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 ▼
2470.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1094192248282

Amount of Each Receipt this Period
380.00

Memo Item

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

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

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 Operations CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1094193148282

Amount of Each Receipt this Period
80.00

Memo Item

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<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. Susan Moss
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 Westwind Road
 City Louisville State KY Zip Code 40207-1545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVP Mktg & Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094193348282
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Charles Michael Grannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7109 Cannonade Court
 City Prospect State KY Zip Code 40059-9332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094193948282
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

C. Michael J Bean
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 Hill Top Road
 City Louisville State KY Zip Code 40207-2222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094195148282
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City Louisville	State KY	Zip Code 40241-6400
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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 ▼
715.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1094195448282

Amount of Each Receipt this Period
110.00

Memo Item

P/R Deduction (\$55.00 Bi-Weekly)

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

Mailing Address 14401 Broad Oak Place

City Louisville	State KY	Zip Code 40245-5136
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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 ▼
1248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1094195948282

Amount of Each Receipt this Period
192.00

Memo Item

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

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

Mailing Address 1822 Casselberry Road

City Louisville	State KY	Zip Code 40205-1632
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc.	Occupation Gen Counsel & Corp Sec
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1094196348282

Amount of Each Receipt this Period
120.00

Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	422.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Linda 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 ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094196748282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 338.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094197348282
 Amount of Each Receipt this Period 52.00
 Memo Item
 P/R Deduction (\$26.00 Bi-Weekly)

C. 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 ▼ 2499.90

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094198048282
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	476.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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. John Miner
Full Name (Last, First, Middle Initial)
Mailing Address 4730 Dunnie Drive

City Tampa	State FL	Zip Code 33614-1496
---------------	-------------	------------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Sr CFO I
---	------------------------

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
06	/	30	/	2016

Transaction ID : PR1094202148282

Amount of Each Receipt this Period
20.00

Memo Item

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

B. Charles D Doten
Full Name (Last, First, Middle Initial)
Mailing Address 7644 Harbour Blvd.

City Miramar	State FL	Zip Code 33023-6566
-----------------	-------------	------------------------

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

Name of Employer Kindred Healthcare Inc.	Occupation Chief Executive Off II
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR1094203648282

Amount of Each Receipt this Period
40.00

Memo Item

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

C. Timothy L Simpson
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc.	Occupation DVP HD
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : PR1094204348282

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 15 OF 27
	<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. Anita Tillery
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc. Occupation Executive Dir II
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR1094211048282
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

B. Michael W Beal
Full Name (Last, First, Middle Initial)
Mailing Address 10 Glenwood Road
City Windham State NH Zip Code 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 **260.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR1094214148282
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

C. Julie Butenko
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare, Inc Occupation DVP NCD
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR1094216948282
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 27
	<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. 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 & Chief Counsel NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094229948282
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. 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 ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094233548282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 VP Case Management NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094235448282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 27
	<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. Brian Newman			Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 953 Francis Avenue			Transaction ID : PR1094243348282
City Bexley	State OH	Zip Code 43209-2419	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 Kindred Healthcare Inc.	Occupation DVP Assisted Living Fac		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 ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Raymond J Sierpina			Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 14 Westwind Road			Transaction ID : PR1094246648282
City Louisville	State KY	Zip Code 40207-1519	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer Kindred Healthcare Inc.	Occupation SVP Pub Pol & Gov Affairs		P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. Steven Tanner			Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1059 Mt Vernon Dr			Transaction ID : PR1094246848282
City Greenwood	State IN	Zip Code 46142-4718	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 Kindred Healthcare Inc.	Occupation Market Executive Dir		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 ▼ 260.00		

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 18 OF 27
	<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. Gwynn Rucker
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation DVP NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094247848282
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. Benjamin A Breier
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1094250948282
 Amount of Each Receipt this Period 384.60
 Memo Item
 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 Business Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1135243748282
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

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 19 OF 27
	<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. Josephine Litzenberger
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Sr Cnslt Mgd Care Contrac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1135286948282
 Amount of Each Receipt this Period 36.00
 Memo Item
 P/R Deduction (\$18.00 Bi-Weekly)

B. Pamela A. Adams
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation DVP Fin Systems Devlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1408953248282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mary Jane Dailey
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare, Inc. Occupation VP CCO HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1618127548282
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	276.00
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 27
	<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. David M Mikula
 Full Name (Last, First, Middle Initial)
 Mailing Address 4616 Hallmark Drive
 City Dallas State TX Zip Code 75229-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVP Texas Region HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1774751748282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Lawrence J. Toyé
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 September Lane
 City Burlington State MA Zip Code 01803-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1784230848282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Carol Faló
 Full Name (Last, First, Middle Initial)
 Mailing Address 7041 Clubview Dr
 City Bridgeville State PA Zip Code 15017-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Chief Clinical Off II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1784231548282
 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 21 OF 27
	<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. Kelly A Priegnitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 South St. Gregory Church Road
 City State Zip Code
 Samuels KY 40013-7455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP & Chief Compl Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1950875248282
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Matthew B Steinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 9009 Anemone Drive
 City State Zip Code
 Prospect KY 40059-6576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP Litigation Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1961243248282
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Jeffrey M Jasnoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 9012 Coltsfoot Trace
 City State Zip Code
 Prospect KY 40059-7672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Human Resources Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1961243348282
 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 22 OF 27
	<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 2109 Village Drive #3
 City Louisville State KY Zip Code 40205-1939
 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 ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1961243448282
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. James T Flowers
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare, Inc. Occupation SVP Corp Fin & Treasury
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1975144148282
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. 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 Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1983484448282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	200.00
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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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 KRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1983484548282

Amount of Each Receipt this Period
190.00

Memo Item

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

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

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 KRS

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
 06 / 30 / 2016
Transaction ID : PR1983484648282

Amount of Each Receipt this Period
50.00

Memo Item

P/R Deduction (\$25.00 Weekly)

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

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 RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : PR1983484748282

Amount of Each Receipt this Period
54.00

Memo Item

P/R Deduction (\$27.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	294.00
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 27
	<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. 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 KRS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **540.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR19834848282
Amount of Each Receipt this Period **90.00**
 Memo Item
P/R Deduction (\$45.00 Weekly)

B. Stephen R Cunanan
Full Name (Last, First, Middle Initial)
Mailing Address 7913 Farm Spring Drive
City Prospect State KY Zip Code 40059-7616
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Chief Admin & CPO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2275.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR2151070248282
Amount of Each Receipt this Period **350.00**
 Memo Item
P/R Deduction (\$175.00 Bi-Weekly)

C. Stephen Farber
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1349
City Prospect State KY Zip Code 40059-1349
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation Exec VP & CFO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2499.90**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR2201869648282
Amount of Each Receipt this Period **384.60**
 Memo Item
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	824.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 27
	<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. Cyd Doverspike
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 159
 City Larose State LA Zip Code 70373-0159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP Region KHRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR2204224048282
 Amount of Each Receipt this Period **40.00**
 Memo Item
 P/R Deduction (\$20.00 Weekly)

B. John David Cross
 Full Name (Last, First, Middle Initial)
 Mailing Address 1731 Randons Point Drive.
 City Sugar Land State TX Zip Code 77478-4270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Market CEO I HD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR2204224148282
 Amount of Each Receipt this Period **100.00**
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Jason Zachariah
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare, Inc. Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 30 / 2016**
Transaction ID : PR2325313648282
 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 26 OF 27
	<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. Rachel J Compton
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare, Inc. Occupation Region Vice President KHR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2326240948282
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Weekly)

B. Tammy L Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Braxton Court
 City Simpsonville State KY Zip Code 40067-7677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Clin & Res Svcs NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2342814648282
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Hans E Koehler
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc Occupation SVP Liability Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2360639848282
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	27607.80

**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"/> 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. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road, Suit

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : 71561181

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Federation of American Hospitals PAC

Mailing Address 750 9th Street NW, Suite 600

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Federation of American Hospitals PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2016

Transaction ID : 71714499

Amount of Each Disbursement this Period

5000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road, Suit

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : 71767813

Amount of Each Disbursement this Period

2500.00

Memo Item
Contribution

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

10000.00

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

10000.00