

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) [X]

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, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 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 08 / 01 / 2016 through 08 / 31 / 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 09 / 14 / 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)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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="129922.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12742.80"/>	<input type="text" value="111128.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="142665.37"/>	<input type="text" value="258665.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7950.54"/>	<input type="text" value="123950.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134714.83"/>	<input type="text" value="134714.83"/>
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).....	11429.80	67975.30
(ii) Unitemized	1313.00	23153.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12742.80	91128.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12742.80	91128.80
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))..... ▶	12742.80	111128.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12742.80	111128.80

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	1950.54	1950.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1950.54	1950.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	118000.00
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)) ..	7950.54	123950.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7950.54	123950.54

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)	12742.80	91128.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12742.80	91128.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1950.54	1950.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1950.54	1950.54

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

You will note that Schedule B, page 1, item A, is a disbursement to BB&T Bank that is being reported as check fraud. A check payable to an unknown individual and signed by an unknown individual cleared the PAC bank account on 08.24.2016. As soon as the Treasurer was made aware of the fraudulent check, it was reported to BB&T Bank as fraud. BB&T Bank immediately closed the PAC bank account to the processing of checks attempting to clear the bank account. Any checks presented to the bank will be sent to the Treasurer for approval to process and pay. This process has been put in place to ensure valid outstanding checks issued to committees will still be honored. Also, a positive pay system has been added to the PAC bank account so that a fraudulent check cannot clear the bank account again. This system will require one individual to enter checks that the Treasurer has approved and a second individual to review, verify, and approve the list after it has been added to positive pay. Checks will only be paid once both approvals have been entered in the system. The Treasurer has also filed a claim with BB&T Bank to have the funds returned to the account. Any refund of the funds will be reported accordingly on future FEC reports.

Form/Schedule:
Transaction ID:

**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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Jonathan Blum
Full Name (Last, First, Middle Initial)

Mailing Address 702 Shady Lane

City Louisville State KY Zip Code 40223-2248

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
08 / 05 / 2016
Transaction ID : 72990457

Amount of Each Receipt this Period
5000.00

Memo Item

B. David R Windhorst
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Spring Farms Road

City Floyds Knobs State IN Zip Code 47119-9722

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

Name of Employer Kindred Healthcare Inc. Occupation VP Financial Systems Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1094185049368

Amount of Each Receipt this Period
80.00

Memo Item

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

C. Catherine A Goch
Full Name (Last, First, Middle Initial)

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 Kindred Healthcare Inc. Occupation DVP Fin Systems Devlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1094185949368

Amount of Each Receipt this Period
40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	5120.00
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 33
	<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. Patrick J Gillenwater
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Sr Dir IS Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.50

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094186449368
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$17.50 Bi-Weekly)

B. 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 ▼ 815.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094187949368
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

C. 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 ▼ 1725.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094188049368
 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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Linn Billingsley

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 **Kindred Healthcare Inc.** Occupation **DVP Integrated Market**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1094189849368

Amount of Each Receipt this Period **100.00**

Memo Item

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

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

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 ▼ **340.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1094190049368

Amount of Each Receipt this Period **40.00**

Memo Item

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

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

Mailing Address **1134 W. Granville Avenue
Unit 815**

City **Chicago** State **IL** Zip Code **60660-5049**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1094190349368

Amount of Each Receipt this Period **50.00**

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 3230.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094192249368
Amount of Each Receipt this Period 380.00
 Memo Item
P/R Deduction (\$190.00 Bi-Weekly)

B. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094193149368
Amount of Each Receipt this Period 80.00
 Memo Item
P/R Deduction (\$40.00 Bi-Weekly)

C. 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 ▼ 680.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094193349368
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 33
	<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. Michael C Lozier
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc. Occupation Sr Dir Purch Contract Adm
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 260.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094193749368
Amount of Each Receipt this Period 32.00
 Memo Item
P/R Deduction (\$16.00 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 595.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094193949368
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 680.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094195149368
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 33
	<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. Anne S Woods
 Full Name (Last, First, Middle Initial)
 Mailing Address 7420 Falls Ridge Ct.
 City Louisville State KY Zip Code 40241-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094195449368
 Amount of Each Receipt this Period 110.00
 Memo Item
 P/R Deduction (\$55.00 Bi-Weekly)

B. John Luchese
 Full Name (Last, First, Middle Initial)
 Mailing Address 14401 Broad Oak Place
 City Louisville State KY Zip Code 40245-5136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation SVP & Chief Accting Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1632.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094195949368
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

C. Rose M Michels
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Sr Dir Tax Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094196049368
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	332.00
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 33
	<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. Joseph Landenwich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1822 Casselberry Road
 City Louisville State KY Zip Code 40205-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094196349368
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

B. Linda M O'Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Mockingbird Terrace Drive Unit 203
 City Louisville State KY Zip Code 40207-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Patient Care & Qual HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094196749368
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094197249368
 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: PAGE 14 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 442.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094197349368
 Amount of Each Receipt this Period 52.00
 Memo Item
 P/R Deduction (\$26.00 Bi-Weekly)

B. 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 ▼ 3269.10

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094198049368
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Julie Feasel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6211 Iroquios Ct.
 City Odessa State FL Zip Code 33556-3325
 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 ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094203049368
 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: PAGE 15 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Timothy L Simpson

Mailing Address 2924 Majestic Oaks Lane

City State Zip Code
Green Cove Springs FL 32043-8329

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

Name of Employer Occupation
Kindred Healthcare Inc. DVP HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : PR1094204349368

Amount of Each Receipt this Period
40.00

Memo Item

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

Full Name (Last, First, Middle Initial)
B. E. Jane Jackson

Mailing Address 43171 Buttermere Terrace

City State Zip Code
Ashburn VA 20147-3722

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

Name of Employer Occupation
Kindred Healthcare Inc. Sr Dir Bus Implementation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : PR1094205149368

Amount of Each Receipt this Period
30.00

Memo Item

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

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

Mailing Address 3512 Raytee Drive

City State Zip Code
Chesapeake VA 23323-1232

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

Name of Employer Occupation
Kindred Healthcare Inc. Executive Dir II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016
Transaction ID : PR1094211049368

Amount of Each Receipt this Period
40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Donna M Nackers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Waters Ferry Drive
 City Lawrenceville State GA Zip Code 30043-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Operational Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094212549368
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 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 ▼ 340.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094214149368
 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 ▼ 340.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094216949368
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<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. Ronald D Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 Cheyenne Road
 City State Zip Code
 Shelbyville KY 40065-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Dir Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : PR1094224549368
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. James E. Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 14213 Aiken Road
 City State Zip Code
 Louisville KY 40245-4631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Div Reimb HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : PR1094225049368
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Patricia M McGillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Altagate Rd
 City State Zip Code
 Louisville KY 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 ▼ 510.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : PR1094229949368
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 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: PAGE 18 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Pete Kalmey

Mailing Address 3502 Hedgewick Place

City State Zip Code
Louisville KY 40245-8497

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

Name of Employer Occupation
Kindred Healthcare Inc. President-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1094232049368

Amount of Each Receipt this Period
30.00

Memo Item

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

Full Name (Last, First, Middle Initial)
B. Edward J Goddard

Mailing Address 32 Peters Lane

City State Zip Code
Wrentham MA 02093-1036

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

Name of Employer Occupation
Kindred Healthcare Inc. VP Labor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1094233549368

Amount of Each Receipt this Period
40.00

Memo Item

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

Full Name (Last, First, Middle Initial)
C. Tamila Johnson-White

Mailing Address 2615 Zhale Smith Rd.

City State Zip Code
Lagrange KY 40031-8098

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

Name of Employer Occupation
Kindred Healthcare Inc. VP Case Management NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1094235449368

Amount of Each Receipt this Period
40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<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. Brian Newman
Full Name (Last, First, Middle Initial)
Mailing Address 953 Francis Avenue
City Bexley State OH Zip Code 43209-2419
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation DVP Assisted Living Fac
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : PR1094243349368
Amount of Each Receipt this Period **40.00**
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

B. Raymond J Sierpina
Full Name (Last, First, Middle Initial)
Mailing Address 14 Westwind Road
City Louisville State KY Zip Code 40207-1519
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVP Pub Pol & Gov Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1700.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : PR1094246649368
Amount of Each Receipt this Period **200.00**
 Memo Item
P/R Deduction (\$100.00 Bi-Weekly)

C. Steven Tanner
Full Name (Last, First, Middle Initial)
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 Kindred Healthcare Inc. Occupation Market Executive Dir
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : PR1094246849368
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 20 OF 33
	<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. 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 ▼ 510.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094247849368
 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 ▼ 3269.10

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1094250949368
 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 ▼ 680.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1135243749368
 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 21 OF 33
	<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. 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 ▼ 306.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1135286949368
 Amount of Each Receipt this Period 36.00
 Memo Item
 P/R Deduction (\$18.00 Bi-Weekly)

B. Gregory T Hayden
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation Dir State Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1150400149368
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Julie A Viers
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation DVP Asst Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1150400549368
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	216.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Pamela M Bresee

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 Kindred Healthcare Inc. Occupation Div Dir Finance Oper Supp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1227852449368

Amount of Each Receipt this Period 30.00

Memo Item

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

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

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 Kindred Healthcare Inc. Occupation Chief Clinical Off II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1267998449368

Amount of Each Receipt this Period 30.00

Memo Item

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

Full Name (Last, First, Middle Initial)
C. Mark D. Johnson

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 Kindred Healthcare Inc. Occupation Mgr Customer Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1336786749368

Amount of Each Receipt this Period 30.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
<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. Mary D Van De Kamp
 Full Name (Last, First, Middle Initial)
 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 Kindred Healthcare Inc. Occupation SVP Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : PR1408953149368
 Amount of Each Receipt this Period **30.00**
 Memo Item
 P/R Deduction (\$15.00 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 **340.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : PR1408953249368
 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 **1700.00**

Date of Receipt **08 / 31 / 2016**
Transaction ID : PR1618127549368
 Amount of Each Receipt this Period **200.00**
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

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

FOR LINE NUMBER: PAGE 24 OF 33
(check only one)

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

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

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

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 ▼ **340.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1774751749368

Amount of Each Receipt this Period **40.00**

Memo Item

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

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

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 ▼ **360.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1784230849368

Amount of Each Receipt this Period **60.00**

Memo Item

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

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

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 ▼ **340.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1784231549368

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 25 OF 33
	<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 ▼ **340.00**

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1950875249368

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 ▼ **340.00**

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1961243249368

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 ▼ **850.00**

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1961243349368

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 26 OF 33
	<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 3713 Cypress Springs Place
 City Louisville State KY Zip Code 40245-7402
 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 ▼ 850.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1961243449368
 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 ▼ 510.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1975144149368
 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 ▼ 340.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR1983484449368
 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 27 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
1615.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1983484549368

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 ▼
390.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1983484649368

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$20.00 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 ▼
432.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1983484749368

Amount of Each Receipt this Period
54.00

Memo Item

P/R Deduction (\$27.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	284.00
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 33
	<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 ▼ **720.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR1983484849368

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 ▼ **2975.00**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR2151070249368

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 ▼ **3269.10**

Date of Receipt **08 / 31 / 2016**

Transaction ID : PR2201869649368

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:	PAGE 29 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 320.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR2204224049368

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 ▼ 850.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR2204224149368

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 President KRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR2325313649368

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 30 OF 33
	<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. 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 ▼ 640.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR2326240949368
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 ▼ 850.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR2342814649368
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 ▼ 340.00

Date of Receipt 08 / 31 / 2016
Transaction ID : PR2360639849368
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).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 31 OF 33	
(check only one)			
<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. Full Name (Last, First, Middle Initial)
Andrew H. Ward

Mailing Address 1921 Warfield Drive

City Nashville State TN Zip Code 37215-3422

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

Name of Employer Kindred Healthcare, Inc. Occupation SVP Joint Venture Bus Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 31 / 2016

Transaction ID : PR2471865749368

Amount of Each Receipt this Period
200.00

Memo Item

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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).....▶	11429.80

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. BB&T Bank

Mailing Address P.O. Box 1101

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Fraudlent check-see description for explanation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 73474583

Amount of Each Disbursement this Period

Memo Item
Fraudlent check-see description for explanation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Contribution

Candidate Name

Rep. Garland Andy Barr

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 73234437

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Republican Party of Kentucky - Federal Account

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 73270958

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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