

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="73544.31"/>	<input type="text" value="73544.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="136809.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33617.16"/>	<input type="text" value="195882.56"/>
(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="170426.87"/>	<input type="text" value="269426.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25500.00"/>	<input type="text" value="124500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144926.87"/>	<input type="text" value="144926.87"/>
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)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31478.80	65072.70
(ii) Unitemized	2050.50	21832.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33529.30	86904.70
(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)	33529.30	86904.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	108890.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	87.86	87.86
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))..... ▶	33617.16	195882.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33617.16	195882.56

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	21000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	101500.00
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	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25500.00	124500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	124500.00

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)	33529.30	86904.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33529.30	86904.70
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 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Paul J Diaz
Full Name (Last, First, Middle Initial)

Mailing Address 204 Loganberry Court

City Louisville State KY Zip Code 40207

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 06 / 02 / 2015
Transaction ID : 66290876

Amount of Each Receipt this Period 5000.00

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

Mailing Address 5851 Midnight Moon Dr

City Frisco State TX Zip Code 75034-0715

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

Name of Employer Kindred Healthcare, Inc Occupation Region Vice President SRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 02 / 2015
Transaction ID : 66290877

Amount of Each Receipt this Period 250.00

C. Darlene A Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 1915 Clearview Drive

City Lagrange State KY Zip Code 40031-9233

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

Name of Employer Kindred Healthcare, Inc Occupation VP Clin IS & Training NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 02 / 2015
Transaction ID : 66290878

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christopher Hjelm
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 South Clippenger Drive
 City Cincinnati State OH Zip Code 45243-3252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Kindred Board Member
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : 66290879
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : 66290880
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

C. 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2015
Transaction ID : 66290964
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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
06 / 19 / 2015
Transaction ID : 66315986

Amount of Each Receipt this Period
5000.00

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 ▼ 520.00

Date of Receipt
06 / 30 / 2015
Transaction ID : PR1094185041690

Amount of Each Receipt this Period
80.00

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

C. Lawrence I Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 4721 N Clark Street #3S

City Chicago State IL Zip Code 60640-7553

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

Name of Employer Kindred Healthcare Inc. Occupation CIO IM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 30 / 2015
Transaction ID : PR1094185141690

Amount of Each Receipt this Period
40.00

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 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Sr Dir Fin Systems Dev

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 / 2015

Transaction ID : PR1094185941690

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
B. Patrick J Gillenwater

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 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 / 2015

Transaction ID : PR1094186441690

Amount of Each Receipt this Period
35.00

P/R Deduction (\$17.50 Bi-Weekly)

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

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 SVP & Chief Tech Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : PR1094187941690

Amount of Each Receipt this Period
90.00

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

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094188041690

Amount of Each Receipt this Period 200.00

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

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

Mailing Address 3011 Wolf Lair Court

City New Albany State IN Zip Code 47150-9587

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

Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Clin Systems Devlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094188241690

Amount of Each Receipt this Period 40.00

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

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

Mailing Address 41 La Sierra Dr.

City Phillips Ranch State CA Zip Code 91766-4703

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

Name of Employer Kindred Healthcare Inc. Occupation DVP HD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094189141690

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1314 Amelia St.

City State Zip Code
New Orleans LA 70115-3617

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : PR1094190041690

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 1134 W. Granville Avenue
Unit 815

City State Zip Code
Chicago IL 60660-5049

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : PR1094190341690

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 239 Fairfax Avenue

City State Zip Code
Louisville KY 40207-3856

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2470.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : PR1094192241690

Amount of Each Receipt this Period
380.00

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

SUBTOTAL of Receipts This Page (optional).....	470.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joel W Day		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : PR1094193141690
Mailing Address 2017 Spring Farms Drive		Amount of Each Receipt this Period 100.00
City Floyds Knobs	State IN	Zip Code 47119-9723
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation SVP CFO NCD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Susan Moss		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : PR1094193341690
Mailing Address 161 Westwind Road		Amount of Each Receipt this Period 80.00
City Louisville	State KY	Zip Code 40207-1545
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation SVP Mktg & Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Charles Michael Grannan		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : PR1094193941690
Mailing Address 7109 Cannonade Court		Amount of Each Receipt this Period 70.00
City Prospect	State KY	Zip Code 40059-9332
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Kindred Healthcare Inc.	Occupation VP Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mary Suzanne Riedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4308 Hampton Creek Drive
 City Louisville State KY Zip Code 40241-6423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094194241690
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 / 2015
Transaction ID : PR1094195141690
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. 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 ▼ 585.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094195441690
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Lucchese
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 ▼ 1248.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094195941690

Amount of Each Receipt this Period 192.00

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

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

Mailing Address 1822 Casselberry Road

City Louisville State KY Zip Code 40205-1632

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094196341690

Amount of Each Receipt this Period 120.00

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

c. 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 / 2015
Transaction ID : PR1094196741690

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	352.00
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 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 / 2015
Transaction ID : PR1094197341690
 Amount of Each Receipt this Period 52.00
 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 ▼ 2499.90

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094198041690
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. Michael Comer
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Lewis
 City Irvine State CA Zip Code 92620-3362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP & CFO West Reg HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094200441690
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 506.60
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 16 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven Monaghan
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 East Witherspoon Drive #1203
 City Louisville State KY Zip Code 40202-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation President-HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2032.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094200741690
 Amount of Each Receipt this Period 316.00
 P/R Deduction (\$160.00 Bi-Weekly)

B. 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 ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094202141690
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. 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 06 / 30 / 2015
Transaction ID : PR1094203641690
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	396.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. 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 **06 / 30 / 2015**
Transaction ID : PR1094204341690
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

B. 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 / 2015**
Transaction ID : PR1094211041690
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

C. Michael W Beal
Full Name (Last, First, Middle Initial)
Mailing Address 5518 Merribrook Lane
City Prospect State KY Zip Code 40059-7622
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 / 2015**
Transaction ID : PR1094214141690
Amount of Each Receipt this Period **40.00**
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 18 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 / 2015
Transaction ID : PR1094216941690
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Gloria J Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3528 Rhett Butler Place
 City Charlotte State NC Zip Code 28270-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc Occupation DVP NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094222141690
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patricia M McGillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Altagate Rd
 City Louisville State KY Zip Code 40206-2969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc Occupation VP Pat Saf & Reg Compl HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094229941690
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 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 19 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. 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 / 2015**

Transaction ID : PR1094233541690

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 2615 Zhale Smith Rd.

City Lagrange State KY Zip Code 40031-8098

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

Name of Employer Kindred Healthcare Inc. Occupation DVP Case Mgmt NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1094235441690

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 3272 E. Germana Circle

City Sandy State UT Zip Code 84093-2150

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

Name of Employer Kindred Healthcare Inc. Occupation VP Operation Finance NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **06 / 30 / 2015**

Transaction ID : PR1094237341690

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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 ▼ 260.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094243341690
Amount of Each Receipt this Period 40.00
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 ▼ 1300.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094246641690
Amount of Each Receipt this Period 200.00
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 ▼ 240.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094246841690
Amount of Each Receipt this Period 40.00
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 21 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benjamin A Breier
 Full Name (Last, First, Middle Initial)
 Mailing Address 5400 Farm Ridge Lane
 City Prospect State KY Zip Code 40059-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1094250941690
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

B. Michael L. Moody
 Full Name (Last, First, Middle Initial)
 Mailing Address 10606 Taylor Farm Ct
 City Prospect State KY Zip Code 40059-9580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1135243741690
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. 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 / 2015
Transaction ID : PR1135286941690
 Amount of Each Receipt this Period 36.00
 P/R Deduction (\$18.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	500.60
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 22 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 Sr Dir Fin Systems Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1408953241690
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 Enterprise Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1774751741690
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. Lawrence J. Toye
 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 / 2015**
Transaction ID : PR1784230841690
 Amount of Each Receipt this Period **40.00**
 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 23 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 / 2015
Transaction ID : PR1784231541690
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1950875241690
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2015
Transaction ID : PR1961243241690
Amount of Each Receipt this Period 40.00
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 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1961243341690
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

B. Jeffrey P Stodghill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Kenilworth Place
 City Louisville State KY Zip Code 40205-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1961243441690
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$50.00 Bi-Weekly)

C. James T Flowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4020 Gilman Avenue
 City Louisville State KY Zip Code 40207-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP Corp Finance&Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 30 / 2015**
Transaction ID : PR1975144141690
 Amount of Each Receipt this Period **60.00**
 P/R Deduction (\$30.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Linda R Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8125 Trinity Vista Trails
 City State Zip Code
 Hurst TX 76053-7460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1983484241690
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Weekly)

B. James M Douthitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 N Sappington Rd
 City State Zip Code
 Saint Louis MO 63122-4854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Operations SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1983484441690
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patricia M Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 2555 N Pearl St #502
 City State Zip Code
 Dallas TX 75201-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Executive Consultant RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR1983484541690
 Amount of Each Receipt this Period
 190.00
 P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	430.00
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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sherrie Sharp		Date of Receipt 06 / 30 / 2015 Transaction ID : PR1983484641690
Mailing Address 11 Talais Drive		Amount of Each Receipt this Period 50.00
City Little Rock	State AR	Zip Code 72223-9129
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation DVP Rehab RHB
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Weekly)

Full Name (Last, First, Middle Initial) B. Jovena Stucker		Date of Receipt 06 / 30 / 2015 Transaction ID : PR1983484741690
Mailing Address 5851 Midnight Moon Dr		Amount of Each Receipt this Period 54.00
City Frisco	State TX	Zip Code 75034-0715
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation Region Vice President SRS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 574.00	P/R Deduction (\$27.00 Weekly)

Full Name (Last, First, Middle Initial) C. Mary Claire Willman		Date of Receipt 06 / 30 / 2015 Transaction ID : PR1983484841690
Mailing Address 440 Belleview Avenue		Amount of Each Receipt this Period 90.00
City Saint Louis	State MO	Zip Code 63119-3621
FEC ID number of contributing federal political committee. C	Name of Employer Kindred Healthcare, Inc.	Occupation DVP Sales RHB
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	194.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. 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 / 2015
Transaction ID : PR2151070241690
Amount of Each Receipt this Period 350.00
P/R Deduction (\$175.00 Bi-Weekly)

B. Darlene A Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 1915 Clearview Drive
City Lagrange State KY Zip Code 40031-9233
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP Clin IS & Training NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 30 / 2015
Transaction ID : PR2201869441690
Amount of Each Receipt this Period 20.00
P/R Deduction (\$10.00 Bi-Weekly)

C. Stephen Farber
Full Name (Last, First, Middle Initial)
Mailing Address 3611 Glenview Avenue
City Glenview State KY Zip Code 40025-7502
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 / 2015
Transaction ID : PR2201869641690
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	754.60
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 28 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 Region Vice President HRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2204224041690
 Amount of Each Receipt this Period
 40.00
 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 DVP HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : PR2204224141690
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	31478.80

**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 29 OF 31
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
87.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : 66314902

Amount of Each Receipt this Period
 87.86

Refund of Contribution

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	87.86
TOTAL This Period (last page this line number only).....▶	87.86

**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. Lois Frankel for Congress

Mailing Address PO Box 812421

City: Boca Raton State: FL Zip Code: 33481

Purpose of Disbursement: Contribution

Candidate Name: **Rep. Lois Frankel**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: FL District: 22

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : 66028846

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. American Health Care Association Political Action Committee

Mailing Address PO Box 70980

City: Washington State: DC Zip Code: 20024

Purpose of Disbursement: Contribution

Candidate Name: **American Health Care Association Political Action Committee**

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

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Transaction ID : 66030983

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bennet for Colorado

Mailing Address PO Box 3078

City: Denver State: CO Zip Code: 80201

Purpose of Disbursement: Contribution

Candidate Name: **Sen. Michael F. Bennet**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: CO District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 66246907

Amount of Each Disbursement this Period

1000.00

Contribution

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. National Republican Senatorial Committee (NRSC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Mailing Address 425 Second Street NE

Transaction ID : 66311848

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement Contribution

011
Category/Type

Contribution

Candidate Name

National Republican Senatorial Committee (NRSC)

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. The McMorris Rodgers American Dream Project

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Mailing Address PO Box 2485

Transaction ID : 66311849

City Springfield State VA Zip Code 22152

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011
Category/Type

Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Boehner for Speaker

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Mailing Address 320 First Street SE

Transaction ID : 66311851

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement Contribution

011
Category/Type

Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

18500.00

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

25500.00
