

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street) ▼

680 S. Fourth St.

Check if different than previously reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00242271

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] 05 / 01 / 2014 through [MM] / [DD] / [YYYY] 05 / 31 / 2014

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 Hank Robinson

Signature of Treasurer *Hank Robinson*

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 06 / 20 / 2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="2014"/>		90947.97
(b) Cash on Hand at Beginning of Reporting Period.....	92832.77	
(c) Total Receipts (from Line 19)	37574.90	77459.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	130407.67	168407.67
7. Total Disbursements (from Line 31).....	50000.00	88000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	80407.67	80407.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	34209.40	53728.20
(ii) Unitemized	3365.50	23731.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37574.90	77459.70
(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)	37574.90	77459.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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))..... ▶	37574.90	77459.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37574.90	77459.70

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	88000.00
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	0.00
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)) ..	50000.00	88000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50000.00	88000.00

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)	37574.90	77459.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37574.90	77459.70
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: PAGE 6 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. Heyward R. Donigan

Mailing Address 452 Discovery Road

City State Zip Code
Virginia Beach VA 23451-2158

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

Name of Employer Occupation
Kindred Healthcare, Inc. Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : 60074307

Amount of Each Receipt this Period
5000.00

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

Mailing Address 6350 South Clippenger Drive

City State Zip Code
Cincinnati OH 45243-3252

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

Name of Employer Occupation
Kindred Healthcare Kindred Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : 60074308

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Marc D. Rothman

Mailing Address 20 Anchorage Point

City State Zip Code
Louisville KY 40223-2180

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

Name of Employer Occupation
Kindred Healthcare, Inc. Chief Medical Officer-NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : 60074309

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10750.00

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 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. Phyllis Yale

Mailing Address 14 Moon Hill Road

City Lexington State MA Zip Code 02421-6113

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

Name of Employer Kindred Healthcare Occupation Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 60074314

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Thomas P Cooper

Mailing Address P.O. Box 3335

City Rancho Santa Fe State CA Zip Code 92067-3335

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

Name of Employer Kindred Healthcare Inc. Occupation Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 60074315

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
C. William R. Mills

Mailing Address 9650 Nighthawk Drive

City Chagrin Falls State OH Zip Code 44023-1948

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

Name of Employer Kindred Healthcare, Inc. Occupation Vice President, Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 60074316

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 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. 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 ▼ 416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60074321
 Amount of Each Receipt this Period
 200.00

B. Michael Boggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1713 Wildflower Trail
 City Grapevine State TX Zip Code 76051-8415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Vice President of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60074322
 Amount of Each Receipt this Period
 250.00

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) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 60074323
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5450.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 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. Edward L Kuntz

Mailing Address 8807 Stable Crest Boulevard

City State Zip Code
Houston TX 77024-7035

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

Name of Employer Occupation
Kindred Healthcare Inc. Chairman of the BOD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094183933526

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 2000 Spring Farms Road

City State Zip Code
Floyds Knobs IN 47119-9722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094185033526

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 4721 N Clark Street #3S

City State Zip Code
Chicago IL 60640-7553

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

Name of Employer Occupation
Kindred Healthcare Inc. Health Info Tech Strateg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094185133526

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.00

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

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

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

FOR LINE NUMBER: PAGE 10 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. Katheryn J Markham

Mailing Address 10602 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 VP IS Plan & Field Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR1094185633526

Amount of Each Receipt this Period
150.00

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

Full Name (Last, First, Middle Initial)
B. 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 ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR1094185933526

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 2805 Chestnut Ridge Place

City Louisville State KY Zip Code 40245-5307

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

Name of Employer Kindred Healthcare Inc. Occupation SVP IS Ops & Telecomm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR1094187933526

Amount of Each Receipt this Period
135.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **345.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. 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 ▼ 1100.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094188033526
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. Terry Carrico
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Wolf Lair Court
 City 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 ▼ 220.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094188233526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Martin Ardron
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 La Sierra Dr.
 City 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 ▼ 1000.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094189133526
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 560.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 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. Larry Foster
Full Name (Last, First, Middle Initial)

Mailing Address 1134 W. Granville Avenue
Unit 815

City Chicago State IL Zip Code 60660-5049

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR1094190333526

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 2448 Middle River Dr.

City Ft Lauderdale State FL Zip Code 33305-2729

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

Name of Employer Kindred Healthcare Inc. Occupation Market CEO III HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR1094191333526

Amount of Each Receipt this Period
75.00

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

C. 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 ▼
380.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR1094192233526

Amount of Each Receipt this Period
380.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 505.00

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

Mailing Address 2017 Spring Farms Drive

City State Zip Code
Floyds Knobs IN 47119-9723

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

Name of Employer Occupation
Kindred Healthcare Inc. SVP CFO NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR1094193133526

Amount of Each Receipt this Period
90.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 161 Westwind Road

City State Zip Code
Louisville KY 40207-1545

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

Name of Employer Occupation
Kindred Healthcare Inc. SVP Mktg & Corp Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR1094193333526

Amount of Each Receipt this Period
120.00

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

C. Charles Michael Grannan
Full Name (Last, First, Middle Initial)

Mailing Address 7109 Cannonade Court

City State Zip Code
Prospect KY 40059-9332

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

Name of Employer Occupation
Kindred Healthcare Inc. VP Purchasing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
05 / 31 / 2014
Transaction ID : PR1094193933526

Amount of Each Receipt this Period
105.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00

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 33
	<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. 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 ▼ 220.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094194233526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Mary L Dennison
 Full Name (Last, First, Middle Initial)
 Mailing Address 4678 Mount Eden Road
 City Shelbyville State KY Zip Code 40065-9331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Mgr Reimbursement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094194833526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 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 Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094195133526
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 240.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 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. 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 ▼ 495.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094195433526
Amount of Each Receipt this Period 135.00
P/R Deduction (\$45.00 Bi-Weekly)

B. 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 ▼ 1056.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094195933526
Amount of Each Receipt this Period 288.00
P/R Deduction (\$96.00 Bi-Weekly)

C. Joseph Landenwich
Full Name (Last, First, Middle Initial)
Mailing Address 1822 Casselberry Road
City Louisville State KY Zip Code 40205-1632
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Co Gen Counsel & Corp Sec
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094196333526
Amount of Each Receipt this Period 180.00
P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 603.00
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

Full Name (Last, First, Middle Initial) A. Arthur L Rothgerber		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 8325 Regency Woods Way		Transaction ID : PR1094196433526
City Louisville	State KY	Zip Code 40220-3817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.00
Name of Employer Kindred Healthcare Inc.	Occupation SVP Reimbursement	P/R Deduction (\$23.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

Full Name (Last, First, Middle Initial) B. Linda M O'Bryan		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 1614 Sylvan Way		Transaction ID : PR1094196733526
City Louisville	State KY	Zip Code 40205-2437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Kindred Healthcare Inc.	Occupation VP Patient Care & Qual HD	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Brian L Caudill		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 1647 Beechwood Avenue		Transaction ID : PR1094197333526
City Louisville	State KY	Zip Code 40204-1321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer Kindred Healthcare Inc.	Occupation Sr Dir HD Reimb	P/R Deduction (\$26.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

SUBTOTAL of Receipts This Page (optional).....▶	207.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 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. William M Altman

Mailing Address 9103 Lexington Lane

City State Zip Code
Louisville KY 40241-2423

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

Name of Employer Occupation
Kindred Healthcare Inc. EVPStrategyPolicy&IntCare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094198033526

Amount of Each Receipt this Period
576.90

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

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

Mailing Address 12 Lewis

City State Zip Code
Irvine CA 92620-3362

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

Name of Employer Occupation
Kindred Healthcare Inc. VP & CFO West Reg HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094200433526

Amount of Each Receipt this Period
105.00

P/R Deduction (\$35.00 Bi-Weekly)

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

Mailing Address 222 East Witherspoon Drive
#1203

City State Zip Code
Louisville KY 40202-6318

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 ▼
1556.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094200733526

Amount of Each Receipt this Period
436.00

P/R Deduction (\$156.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1117.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 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. 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR109420363526
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094211033526
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Lane M Bowen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10966 Secret View Drive
 City Sandy State UT Zip Code 84092-4949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Exec VP & President NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1094213633526
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 220.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : PR1094214133526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 220.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : PR1094216933526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Gloria J Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3528 Rhett Butler Place
 City Charlotte State NC Zip Code 28270-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 05 / 31 / 2014
Transaction ID : PR1094222133526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Patricia M McGillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Altagate Rd
 City Louisville State KY Zip Code 40206-2969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Pat Saf & Reg Compl HD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094229933526
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

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

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094233533526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Tamila Johnson-White
 Full Name (Last, First, Middle Initial)
 Mailing Address 2615 Zhale Smith Rd.
 City Lagrange State KY Zip Code 40031-8098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation DVP Case Mgmt NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1094235433526
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 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. Douglas Roth
Full Name (Last, First, Middle Initial)

Mailing Address 3272 E. Germania Circle

City Sandy State UT Zip Code 84093-2150

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

Name of Employer Kindred Healthcare Inc. Occupation VP Finance West Reg NCD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1094237333526

Amount of Each Receipt this Period **120.00**

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

B. 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 East Region HCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1094243333526

Amount of Each Receipt this Period **60.00**

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

C. Raymond J Sierpina
Full Name (Last, First, Middle Initial)

Mailing Address 14 Westwind Road

City Louisville State KY Zip Code 40207-1519

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

Name of Employer Kindred Healthcare Inc. Occupation SVP Pub Pol & Gov Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1094246633526

Amount of Each Receipt this Period **300.00**

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

SUBTOTAL of Receipts This Page (optional)..... **480.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 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

Full Name (Last, First, Middle Initial) A. Benjamin A Breier			Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 5400 Farm Ridge Lane			Transaction ID : PR1094250933526
City Prospect	State KY	Zip Code 40059-7617	Amount of Each Receipt this Period 776.90
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation President&COO	Aggregate Year-to-Date 2115.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Rachael L Parker			Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 70 Birch Ridge Rd			Transaction ID : PR1150411133526
City Westford	State VT	Zip Code 05494-9788	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation Executive Dir II	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Russell D Ragland			Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 9902 Palace Green Way			Transaction ID : PR1267998133526
City Vienna	State VA	Zip Code 22181-5914	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer Kindred Healthcare Inc.	Occupation SVP Finance NCD	Aggregate Year-to-Date 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	776.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 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. Pamela A. Adams
Full Name (Last, First, Middle Initial)
Mailing Address 5912 Mercury Dr
City Louisville State KY Zip Code 40291-2293
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 **220.00**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR1408953233526
Amount of Each Receipt this Period **60.00**
P/R Deduction (\$20.00 Bi-Weekly)

B. Katherine W Gilchrist
Full Name (Last, First, Middle Initial)
Mailing Address 1668 Victory Court
City Prospect State KY Zip Code 40059-9175
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation SVP Finance RHB
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **825.00**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR1524244433526
Amount of Each Receipt this Period **225.00**
P/R Deduction (\$75.00 Bi-Weekly)

C. 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 **720.00**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR1774751733526
Amount of Each Receipt this Period **60.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **345.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 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

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. Philip B Ragsdell
 Full Name (Last, First, Middle Initial)
 Mailing Address 12004 Log Cabin Lane
 City State Zip Code
 Louisville KY 40223-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Dir Customer Supp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1784229533526
 Amount of Each Receipt this Period
 66.00
 P/R Deduction (\$22.00 Bi-Weekly)

B. Lawrence J. Toyé
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 September Lane
 City State Zip Code
 Burlington MA 01803-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1784230833526
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Carol Faló
 Full Name (Last, First, Middle Initial)
 Mailing Address 7041 Clubview Dr
 City State Zip Code
 Bridgeville PA 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1784231533526
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	166.00
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 Counsel NCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1950875233526
 Amount of Each Receipt this Period 60.00
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1961243233526
 Amount of Each Receipt this Period 60.00
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1961243333526
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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 2002 Kenilworth Place
 City Louisville State KY Zip Code 40205-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP & Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR196124343526
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. James T Flowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4020 Gilman Avenue
 City Louisville State KY Zip Code 40207-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation VP Corp Dev & Fin Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1975144133526
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. Linda R Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 6109 Forest Lane
 City Fort Worth State TX Zip Code 76112-1062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1983484233526
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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

A. James M Douthitt
Full Name (Last, First, Middle Initial)

Mailing Address 160 N Sappington Rd

City Saint Louis State MO Zip Code 63122-4854

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR1983484433526

Amount of Each Receipt this Period
60.00

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

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

Mailing Address 2555 N Pearl St #502

City Dallas State TX Zip Code 75201-2244

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

Name of Employer Kindred Healthcare Inc. Occupation President RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR1983484533526

Amount of Each Receipt this Period
285.00

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

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

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223-9129

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR1983484633526

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... **425.00**

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. 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 **470.00**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR1983484733526
Amount of Each Receipt this Period **54.00**
P/R Deduction (\$27.00 Weekly)

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

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR1983484833526
Amount of Each Receipt this Period **90.00**
P/R Deduction (\$45.00 Weekly)

C. Richard Edward Lacourse
Full Name (Last, First, Middle Initial)
Mailing Address 35 Winding Ln
City Basking Ridge State NJ Zip Code 07920-1558
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation RVP VTA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **800.00**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR2007353633526
Amount of Each Receipt this Period **160.00**
P/R Deduction (\$80.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... **304.00**
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 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. 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 People Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR2151070233526
Amount of Each Receipt this Period 525.00
P/R Deduction (\$175.00 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 05 / 31 / 2014
Transaction ID : PR2201869633526
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	909.60
TOTAL This Period (last page this line number only).....▶	34209.40

**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. Majority Committee PAC--MC PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contribution

011

Candidate Name

Majority Committee PAC--MC PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : 59636637

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. The Freedom Project

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

The Freedom Project

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 59895505

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 59895507

Amount of Each Disbursement this Period

15000.00

Contribution

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

21000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : 59895512

Amount of Each Disbursement this Period

15000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 220 1/2 E Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Bluegrass Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : 59895513

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ohio Republican Party State Central & Executive Committee - Federal Acct

Mailing Address 211 South Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

011

Candidate Name

Ohio Republican Party State Central & Executive Committee - Federal Acct

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : 59895514

Amount of Each Disbursement this Period

5000.00

Contribution

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

25000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Duffy For Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sean Duffy

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : 59899576

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. Clyburn

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : 60039910

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Mark Warner

Mailing Address 201 North Union Street, Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mark Robert Warner

Category/
Type

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : 60039915

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. OrrinPAC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
OrrinPAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60039916

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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