

**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 39
<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. Stephenson II, John, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Cliffwood Drive  
 City Goshen State KY Zip Code 40026-9589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Dir Facilities Mgmt HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : PR1094170151138**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Windhorst, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Spring Farms Road  
 City Floyds Knobs State IN Zip Code 47119-9722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Financial Systems Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : PR1094185051138**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Frappier Neff, Mary Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 N. Indian River Drive  
 City Cocoa State FL Zip Code 32922-7529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir Reg IS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : PR1094185251138**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	