

**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 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. Goddard, Edward, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Labor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : PR1094233551138**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Tate, David, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2529 West 11170 South  
 City South Jordan State UT Zip Code 84095-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Rehab KRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : PR1094234551138**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Johnson-White, Tamila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Case Management NCD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : PR1094235451138**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	