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

39 FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Steinberg, Matthew, B, , Date of Receipt Mailing Address 9009 Anemone Drive 2016 City Zip Code State Transaction ID: PR1961243251138 KY Prospect 40059-6576 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kindred Healthcare. Inc. **SVP** Litigation Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-Weekly) 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jasnoff, Jeffrey, M,, Date of Receipt Mailing Address 9012 Coltsfoot Trace 2016 City State Zip Code Transaction ID: PR1961243351138 KY Prospect 40059-7672 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kindred Healthcare, Inc. **SVP Human Resources Ops** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stodghill, Jeffrey, P., Date of Receipt Mailing Address 3713 Cypress Springs Place 28 2016 City Zip Code State Transaction ID: PR1961243451138 KY Louisville 40245-7402 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kindred Healthcare, Inc. VP & Corporate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Bi-Weekly) 1200.00 Other (specify) 360.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7