

**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 28
	<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	

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. Cunanan, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Admin & CPO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2151070256002
 Amount of Each Receipt this Period 525.00
 Memo Item
 P/R Deduction (\$175.00 Bi-Weekly)

B. Farber, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5807 Harrods Glen Drive
 City Prospect State KY Zip Code 40059-7650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) Exec VP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2201869656002
 Amount of Each Receipt this Period 576.90
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Doverspike, Cyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Region KHRS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2017
Transaction ID : PR2204224056002
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1161.90
TOTAL This Period (last page this line number only).....	