

**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 8 OF 16  |
| <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. Moss, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 Westwind Road  
 City Louisville State KY Zip Code 40207-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Mktg & Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1094193358654**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Grannan, Charles Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7109 Cannonade Court  
 City Prospect State KY Zip Code 40059-9332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Purchasing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1094193958654**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. Bean, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2018  
**Transaction ID : PR1094195158654**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 345.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |