

**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 7 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Patrick J Gillenwater

Mailing Address 402 Erin Drive

City Jeffersonville State IN Zip Code 47130-5290

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Dir IS Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **262.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR1094186442034

Amount of Each Receipt this Period
35.00

P/R Deduction (\$17.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City Louisville State KY Zip Code 40245-5307

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR1094187942034

Amount of Each Receipt this Period
90.00

P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City Louisville State KY Zip Code 40242-7771

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP IS Finance & Admin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : PR1094188042034

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	