

**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 26 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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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 (Last, First, Middle Initial)  
**A. Lawrence J. Toy**

Mailing Address 3 September Lane

City Burlington	State MA	Zip Code 01803-1819
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare	Occupation Controller
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID : PR1784230842034**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Carol Falo**

Mailing Address 7041 Clubview Dr

City Bridgeville	State PA	Zip Code 15017-3600
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare	Occupation Chief Clinical Off II
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID : PR1784231542034**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Kelly A Priegnitz**

Mailing Address 160 South St. Gregory Church Road

City Samuels	State KY	Zip Code 40013-7455
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare, Inc.	Occupation SVP & Chief Compl Officer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

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

**Transaction ID : PR1950875242034**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	