

**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 18 OF 30
	<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	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Steven Tanner

Mailing Address 1059 Mt Vernon Dr

City Greenwood State IN Zip Code 46142-4718

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

Name of Employer Kindred Healthcare Inc. Occupation Market Executive Dir

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 / 2016
Transaction ID : PR1094246848861

Amount of Each Receipt this Period
 40.00

Memo Item

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

Full Name (Last, First, Middle Initial)
B. Gwynn Rucker

Mailing Address 13005 81st Ave Ct E

City Puyallup State WA Zip Code 98373-7722

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

Name of Employer Kindred Healthcare Inc. Occupation DVP NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR1094247848861

Amount of Each Receipt this Period
 60.00

Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Benjamin A Breier

Mailing Address 5718 Harrods Glen Drive

City Prospect State KY Zip Code 40059-7644

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

Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2016
Transaction ID : PR1094250948861

Amount of Each Receipt this Period
 384.60

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	484.60
TOTAL This Period (last page this line number only).....▶	