

**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 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

A. Carol Faló
Full Name (Last, First, Middle Initial)
Mailing Address 7041 Clubview Dr
City Bridgeville State PA Zip Code 15017-3600
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Occupation Chief Clinical Off II
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1784231548861
Amount of Each Receipt this Period 60.00
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

B. Kelly A Priegnitz
Full Name (Last, First, Middle Initial)
Mailing Address 160 South St. Gregory Church Road
City Samuels State KY Zip Code 40013-7455
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation SVP & Chief Compl Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1950875248861
Amount of Each Receipt this Period 40.00
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

C. Matthew B Steinberg
Full Name (Last, First, Middle Initial)
Mailing Address 9009 Anemone Drive
City Prospect State KY Zip Code 40059-6576
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare, Inc. Occupation VP Litigation Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 31 / 2016
Transaction ID : PR1961243248861
Amount of Each Receipt this Period 40.00
 Memo Item
P/R Deduction (\$20.00 Bi-Weekly)

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