

**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 33
<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

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**

**A. Turk, Jan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1314 Amelia St.  
 City New Orleans State LA Zip Code 70115-3617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Resource CEO HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR1094190049749**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Foster, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1134 W. Granville Avenue Unit 815  
 City Chicago State IL Zip Code 60660-5049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Executive Off III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR1094190349749**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Muldoon, Sean, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 239 Fairfax Avenue  
 City Louisville State KY Zip Code 40207-3856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP & Chief Med Off HD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR1094192249749**  
 Amount of Each Receipt this Period 570.00  
 Memo Item  
 P/R Deduction (\$190.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.00
<b>TOTAL</b> This Period (last page this line number only).....	