

**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 15 OF 27
	<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	

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. Jasnoff, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9012 Coltsfoot Trace
 City Prospect State KY Zip Code 40059-7672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Human Resources Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961243360545
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Stodghill, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 Cypress Springs Place
 City Louisville State KY Zip Code 40245-7402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) VP & Corporate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1961243460545
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Flowers, James, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4024 St. Germaine Court
 City Louisville State KY Zip Code 40207-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kindred Healthcare, Inc. Occupation (for Individual) SVP Corp Fin & Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2018
Transaction ID : PR1975144160545
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	