

**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 35 OF 41
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cunanan, Stephen, R, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016		
Mailing Address 7913 Farm Spring Drive			Transaction ID : PR2151070250214		
City Prospect	State KY	Zip Code 40059-7616	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Kindred Healthcare Inc.		Occupation (for Individual) Chief Admin & CPO	P/R Deduction (\$175.00 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3675.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Thompson, Darlene, A, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016		
Mailing Address 1915 Clearview Drive			Transaction ID : PR2201869450214		
City Lagrange	State KY	Zip Code 40031-9233	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Kindred Healthcare, Inc.		Occupation (for Individual) VP Clin IS & Training NCD	P/R Deduction (\$10.00 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Farber, Stephen, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016		
Mailing Address P.O. Box 1349			Transaction ID : PR2201869650214		
City Prospect	State KY	Zip Code 40059-1349	Amount of Each Receipt this Period 192.30		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Kindred Healthcare, Inc.		Occupation (for Individual) Exec VP & CFO	P/R Deduction (\$192.30 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 4038.30			

SUBTOTAL of Receipts This Page (optional).....▶	377.30
TOTAL This Period (last page this line number only).....▶	