

**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 25 OF 35
	<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. Thomas, Gregory, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1109 Kirkham Trace  
 City Louisville State KY Zip Code 40299-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) DVP Construction Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : PR1641623756789**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Romisher, Andrea, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1846 Douglass Blvd  
 City Louisville State KY Zip Code 40205-1862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) SVP Benefits & Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : PR1784229956789**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Warrington, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 Frosted Pond PL.  
 City The Woodlands State TX Zip Code 77381-4763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Operating Officer H  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : PR1797971056789**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	