

**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 34 OF 46
	<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 (Last, First, Middle Initial) A. Lawrence J. Toye			Date of Receipt 11 / 30 / 2015 Transaction ID : PR1784230843667
Mailing Address 3 September Lane			Amount of Each Receipt this Period 40.00
City Burlington	State MA	Zip Code 01803-1819	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00	
Name of Employer Kindred Healthcare	Occupation Controller	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Carol Falo			Date of Receipt 11 / 30 / 2015 Transaction ID : PR1784231543667
Mailing Address 7041 Clubview Dr			Amount of Each Receipt this Period 40.00
City Bridgeville	State PA	Zip Code 15017-3600	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 460.00	
Name of Employer Kindred Healthcare	Occupation Chief Clinical Off II	Aggregate Year-to-Date 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael J Warrington			Date of Receipt 11 / 30 / 2015 Transaction ID : PR1797971043667
Mailing Address 118 Frosted Pond PL.			Amount of Each Receipt this Period 20.00
City The Woodlands	State TX	Zip Code 77381-4763	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00	
Name of Employer Kindred Healthcare Inc.	Occupation SVP Southeast Region HD	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	