

**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 46
	<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. Janet L Seawell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11126 S. Star Court  
 City Goodyear State AZ Zip Code 85338-5477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Resource Exec Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1829395443667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Robert Gundersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Barnside Lane  
 City Sandwich State MA Zip Code 02563-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare Inc. Occupation Market CEO III HD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1829395743667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$5.00 Weekly)

**C. Mathu Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11124 Larkspur Ct  
 City Corona State CA Zip Code 92883-3111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation Program Director II PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR1930767043667**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶