

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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

A. Linda R Kurland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8125 Trinity Vista Trails
 City State Zip Code
 Hurst TX 76053-7460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR1983484240591
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Weekly)

B. Patricia M Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 2555 N Pearl St #502
 City State Zip Code
 Dallas TX 75201-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Executive Consultant RHB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR1983484540591
 Amount of Each Receipt this Period
 190.00
 P/R Deduction (\$95.00 Bi-Weekly)

C. Jovena Stucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 5851 Midnight Moon Dr
 City State Zip Code
 Frisco TX 75034-0715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President SRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : PR1983484740591
 Amount of Each Receipt this Period
 54.00
 P/R Deduction (\$27.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	▶	444.00
TOTAL This Period (last page this line number only).....	▶	