

**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 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Farber, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1349

City Prospect	State KY	Zip Code 40059-1349
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kindred Healthcare, Inc.	Occupation (for Individual) Exec VP & CFO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.20

Date of Receipt
 02 / 28 / 2017
Transaction ID : PR2201869653195

Amount of Each Receipt this Period
 384.60

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

B. Johnson, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Grande Loch

City Roswell	State GA	Zip Code 30075-2268
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kindred Healthcare, Inc.	Occupation (for Individual) SVP Enterprise Sales
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 02 / 28 / 2017
Transaction ID : PR2479927953195

Amount of Each Receipt this Period
 200.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.60
TOTAL This Period (last page this line number only).....	3375.80