

**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 16 OF 26
	<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	

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NAME OF COMMITTEE (In Full)  
**Kindred Healthcare, Inc. PAC**

**A. Tamila Johnson-White**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Zhale Smith Rd.

City Lagrange State KY Zip Code 40031-8098

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation DVP Case Mgmt NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR1094235441084**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. Douglas Roth**  
Full Name (Last, First, Middle Initial)

Mailing Address 3272 E. Germania Circle

City Sandy State UT Zip Code 84093-2150

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation VP Operation Finance NCD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR1094237341084**

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**C. Brian Newman**  
Full Name (Last, First, Middle Initial)

Mailing Address 953 Francis Avenue

City Bexley State OH Zip Code 43209-2419

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare Inc. Occupation DVP Assisted Living Fac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2015  
**Transaction ID : PR1094243341084**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 240.00

**TOTAL** This Period (last page this line number only).....▶