

**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 8 OF 31
	<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**

**A. Gillenwater, Patrick, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Erin Drive  
 City Jeffersonville State IN Zip Code 47130-5290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Sr Dir IS Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1094186455346**  
 Amount of Each Receipt this Period 35.00  
 Memo Item  
 P/R Deduction (\$17.50 Bi-Weekly)

**B. Wardrip, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2805 Chestnut Ridge Place  
 City Louisville State KY Zip Code 40245-5307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1094187955346**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
 P/R Deduction (\$55.00 Bi-Weekly)

**C. Dobler, Stephen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1106 Holly Springs Drive  
 City Louisville State KY Zip Code 40242-7771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Inc. Occupation (for Individual) VP Finance Admin & HR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 07 / 31 / 2017  
**Transaction ID : PR1094188055346**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 P/R Deduction (\$105.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<b>TOTAL</b> This Period (last page this line number only).....	