

**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 11 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Charles Michael Grannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 7109 Cannonade Court
 City Prospect State KY Zip Code 40059-9332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Purchasing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR1094193942812
 Amount of Each Receipt this Period **70.00**
 P/R Deduction (\$35.00 Bi-Weekly)

B. Mary Suzanne Riedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4308 Hampton Creek Drive
 City Louisville State KY Zip Code 40241-6423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation Gen Coun & CDO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR1094194242812
 Amount of Each Receipt this Period **40.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. Michael J Bean
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 Hill Top Road
 City Louisville State KY Zip Code 40207-2222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare Inc. Occupation VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : PR1094195142812
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	