

**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 20 OF 36
	<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. Edward J Goddard
Full Name (Last, First, Middle Initial)

Mailing Address 32 Peters Lane

City Wrentham State MA Zip Code 02093-1036

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

Name of Employer Kindred Healthcare Inc. Occupation VP Labor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : PR1094233542812

Amount of Each Receipt this Period **40.00**

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

B. 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 ▼ **380.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : PR1094235442812

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 3272 E. Germana 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 ▼ **760.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : PR1094237342812

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.00**

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