

**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 22 OF 36 |
| | <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. Gwynn Rucker
Full Name (Last, First, Middle Initial)
Mailing Address 13005 81st Ave Ct E
City Puyallup State WA Zip Code 98373-7722
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation DVP NCD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR1094247842812
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Bi-Weekly)

B. Benjamin A Breier
Full Name (Last, First, Middle Initial)
Mailing Address 5400 Farm Ridge Lane
City Prospect State KY Zip Code 40059-7617
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2015
Transaction ID : PR1094250942812
Amount of Each Receipt this Period 384.60
P/R Deduction (\$192.30 Bi-Weekly)

C. Michael L. Moody
Full Name (Last, First, Middle Initial)
Mailing Address 10606 Taylor Farm Ct
City Prospect State KY Zip Code 40059-9580
FEC ID number of contributing federal political committee. **C**
Name of Employer Kindred Healthcare Inc. Occupation DVP HD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2015
Transaction ID : PR1135243742812
Amount of Each Receipt this Period 80.00
P/R Deduction (\$40.00 Bi-Weekly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 524.60 |
| TOTAL This Period (last page this line number only).....▶ | |