

**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 26 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**

Full Name (Last, First, Middle Initial)  
**A. Lawrence J. Toy**

Mailing Address 3 September Lane

City Burlington State MA Zip Code 01803-1819

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

Name of Employer Kindred Healthcare Occupation Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : PR1784230842812**

Amount of Each Receipt this Period  
**40.00**

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

Full Name (Last, First, Middle Initial)  
**B. Carol Falo**

Mailing Address 7041 Clubview Dr

City Bridgeville State PA Zip Code 15017-3600

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

Name of Employer Kindred Healthcare Occupation Chief Clinical Off II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : PR1784231542812**

Amount of Each Receipt this Period  
**40.00**

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

Full Name (Last, First, Middle Initial)  
**C. Kelly A Priegnitz**

Mailing Address 160 South St. Gregory Church Road

City Samuels State KY Zip Code 40013-7455

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

Name of Employer Kindred Healthcare, Inc. Occupation SVP & Chief Compl Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : PR1950875242812**

Amount of Each Receipt this Period  
**40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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