

**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 27 OF 33
<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

Full Name (Last, First, Middle Initial)
A. Patricia M Henry

Mailing Address 2555 N Pearl St
#502

City Dallas State TX Zip Code 75201-2244

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

Name of Employer Kindred Healthcare Inc. Occupation Executive Consultant KRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1983484549368

Amount of Each Receipt this Period
190.00

Memo Item

P/R Deduction (\$95.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Sherrie Sharp

Mailing Address 11 Talais Drive

City Little Rock State AR Zip Code 72223-9129

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

Name of Employer Kindred Healthcare, Inc. Occupation DVP Rehab KRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1983484649368

Amount of Each Receipt this Period
40.00

Memo Item

P/R Deduction (\$20.00 Weekly)

Full Name (Last, First, Middle Initial)
C. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City Frisco State TX Zip Code 75034-0715

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

Name of Employer Kindred Healthcare, Inc. Occupation Region Vice President RHB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
432.00

Date of Receipt
08 / 31 / 2016
Transaction ID : PR1983484749368

Amount of Each Receipt this Period
54.00

Memo Item

P/R Deduction (\$27.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	284.00
TOTAL This Period (last page this line number only).....	