

**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 36 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Kelly A Priegnitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 South St. Gregory Church Road  
 City State Zip Code  
 Samuels KY 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR1950875243379**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Matthew B Steinberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9009 Anemone Drive  
 City State Zip Code  
 Prospect KY 40059-6576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation VP Litigation Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR1961243243379**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Jeffrey M Jasnoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9012 Coltsfoot Trace  
 City State Zip Code  
 Prospect KY 40059-7672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Human Resources Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR1961243343379**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	