

**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 18 OF 25
	<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. James T Flowers
 Full Name (Last, First, Middle Initial)
 Mailing Address 4020 Gilman Avenue
 City Louisville State KY Zip Code 40207-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation SVP Corp Fin & Treasury
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **330.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1975144147815
 Amount of Each Receipt this Period **60.00**
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. James M Douthitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 N Sappington Rd
 City Saint Louis State MO Zip Code 63122-4854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kindred Healthcare, Inc. Occupation Chief Operating Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1983484447815
 Amount of Each Receipt this Period **40.00**
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Patricia M Henry
 Full Name (Last, First, Middle Initial)
 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 **1045.00**

Date of Receipt **05 / 31 / 2016**
Transaction ID : PR1983484547815
 Amount of Each Receipt this Period **190.00**
 Memo Item
 P/R Deduction (\$95.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	