

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

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 ▼ 250.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1983484647815

Amount of Each Receipt this Period 50.00

Memo Item

P/R Deduction (\$25.00 Weekly)

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

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 ▼ 270.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1983484747815

Amount of Each Receipt this Period 54.00

Memo Item

P/R Deduction (\$27.00 Weekly)

C. Mary Claire Willman
Full Name (Last, First, Middle Initial)

Mailing Address 440 Belleview Avenue

City Saint Louis State MO Zip Code 63119-3621

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 31 / 2016
Transaction ID : PR1983484847815

Amount of Each Receipt this Period 90.00

Memo Item

P/R Deduction (\$45.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.00

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