

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Heyward R. Donigan

Mailing Address 452 Discovery Road

City State Zip Code
Virginia Beach VA 23451-2158

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

Name of Employer Occupation
Kindred Healthcare, Inc. Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : 60074307

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Christopher Hjelm

Mailing Address 6350 South Clippenger Drive

City State Zip Code
Cincinnati OH 45243-3252

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

Name of Employer Occupation
Kindred Healthcare Kindred Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : 60074308

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Marc D. Rothman

Mailing Address 20 Anchorage Point

City State Zip Code
Louisville KY 40223-2180

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

Name of Employer Occupation
Kindred Healthcare, Inc. Chief Medical Officer-NCD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : 60074309

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10750.00

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