

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 53
(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

A. Full Name (Last, First, Middle Initial)
Phyllis Yale

Mailing Address 14 Moon Hill Road

City Lexington State MA Zip Code 02421-6113

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Occupation Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 24 / 2010

Transaction ID: 37064034

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Thomas P Cooper

Mailing Address P.O. Box 3335

City Rancho Santa Fe State CA Zip Code 92067-3335

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2010

Transaction ID: 37064229

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Isaac Kaufman

Mailing Address 8204 Township Drive

City Owings Mills State MD Zip Code 21117-5416

FEC ID number of contributing federal political committee. C

Name of Employer Kindred Healthcare Inc. Occupation Board of Directors

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 17 / 2010

Transaction ID: 37064479

Amount of Each Receipt this Period 4000.00

SUBTOTAL of Receipts This Page (optional) 10000.00

TOTAL This Period (last page this line number only)