

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

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

FOR LINE NUMBER: PAGE 48 / 70

(check only one)

<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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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. Political Action Committee

Full Name (Last, First, Middle Initial) A. John Pierson		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 7843 Dean Road		Transaction ID: R59591
City Indianapolis	State IN	Zip Code 46240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer Kindred Healthcare, Inc.	Occupation Chief Exec Off II-Hosp	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

Full Name (Last, First, Middle Initial) B. John M Pinnix		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 881 Sawyer Run Lake		Transaction ID: R59591
City Ponte Vedra Beach	State FL	Zip Code 32082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Kindred Healthcare, Inc.	Occupation Pharm Mgr	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Henry F Powell		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 9835 Marrfield Cir		Transaction ID: R59597
City Louisville	State KY	Zip Code 40241-5018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Kindred Healthcare, Inc.	Occupation Mgmt-Reltd-Occup, Nec	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	294.00
TOTAL This Period (last page this line number only)	▶	