

**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 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. PAC

A.	Full Name (Last, First, Middle Initial) Philip Blake Ragsdell		Date of Receipt
	Mailing Address 7907 Deronia Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 29 / 2010
	City	State	Zip Code
	Louisville	KY	40222-4826
	FEC ID number of contributing federal political committee. C		Transaction ID: 34742678
Name of Employer Kindred Healthcare, Inc.		Occupation Director of Customer Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Edward L Kuntz		Date of Receipt
	Mailing Address 8807 Stable Crest Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Houston	TX	77024
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094183919333
Name of Employer Kindred Healthcare Inc.		Occupation Chairman of the BOD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			P/R Deduction (\$100.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) David R Windhorst		Date of Receipt
	Mailing Address 2000 Spring Farms Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2010
	City	State	Zip Code
	Floyds Knobs	IN	47119
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1094185019333
Name of Employer Kindred Healthcare Inc.		Occupation VP Financial Sys Dev	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 530.00
TOTAL This Period (last page this line number only)	<input type="text"/>