

# 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 6 / 41
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frank Battafarano	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 2700 Little Hills Lane	<b>Transaction ID:</b> 24867414
	City State Zip Code Anchorage KY 40223	Amount of Each Receipt this Period 4500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard A Lechleiter	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 680 S. Fourth Street	<b>Transaction ID:</b> 25009955
	City State Zip Code Louisville KY 40202	Amount of Each Receipt this Period 4250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Exec VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa S Anderson	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 7115 Coachwood Drive	<b>Transaction ID:</b> PR1094183714201
	City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kindred Healthcare Inc. Occupation Sr Dir Fin Sys Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8790.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	