

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 11
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Tom Robbins

Mailing Address
Box 5233

City State Zip Code
Largo FL 33779

Date of Receipt
M / D / Y
02 / 10 / 2003

Amount of Each Receipt this Period
437.96

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc.

Check

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
437.96

Transaction ID: R40385

B. Full Name (Last, First, Middle Initial)
Mr. Tom Robbins

Mailing Address
Box 5233

City State Zip Code
Largo FL 33779

Date of Receipt
M / D / Y
02 / 10 / 2003

Amount of Each Receipt this Period
.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kindred Healthcare, Inc.

Memo

[MEMO ITEM]
Prorated, returned chk based on when card received & when campaign terminated.

Transaction ID: R40386

Receipt For: 2001 Aggregate Year-to-Date ▼
Primary X General Other (specify) ▼
437.96

C.

SUBTOTAL of Receipts This Page (optional)	▶	437.96
TOTAL This Period (last page this line number only)	▶	437.96