

**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 OF 70
	<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	

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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

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

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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011

Transaction ID : 42600107

Amount of Each Receipt this Period
 5000.00

B. Sally L. Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 933 Hidden Ridge Drive

City Milford State OH Zip Code 45150-5588

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare, Inc. Occupation VP of Medical Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 42699540

Amount of Each Receipt this Period
 500.00

C. Roderick J Cowgill
Full Name (Last, First, Middle Initial)

Mailing Address 9103 Lantern Lite Pkwy

City Louisville State KY Zip Code 40220

FEC ID number of contributing federal political committee. **C**

Name of Employer Kindred Healthcare, Inc. Occupation VP Facilities Mgmt-HD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : PR1094115423026

Amount of Each Receipt this Period
 80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 5580.00

TOTAL This Period (last page this line number only)..... ▶