

**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 36 OF 48
<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**

**A. Sharon J Spittle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Estes Street  
City Ipswich State MA Zip Code 01938  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir II  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR1094250022821**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$10.00 Weekly)

**B. Benjamin A Breier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5400 Farm Ridge Lane  
City Prospect State KY Zip Code 40059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Chief Operating Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR1094250922821**  
Amount of Each Receipt this Period 384.60  
P/R Deduction (\$192.30 Bi-Weekly)

**C. Steve Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35069 Roberts Lane  
City St Helens State OR Zip Code 97051  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kindred Healthcare Inc. Occupation Executive Dir I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2011  
**Transaction ID : PR1135252622821**  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 464.60  
**TOTAL** This Period (last page this line number only)..... ▶