

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 29 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David L Bernd		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 6015 Poplar Hall Drive		Transaction ID: 14581363	
City Norfolk	State VA	Zip Code 23502-3819	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sentara Healthcare	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Sandra J. Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 379 Dorwin Drive		Transaction ID: 14581364	
City Norfolk	State VA	Zip Code 23502-5707	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sentara Healthcare	Occupation Director, Gov't Relations and Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Sean S McMurray, , FACHE		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 351 Court Street NE		Transaction ID: 14581365	
City Abingdon	State VA	Zip Code 24210-2955	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Johnston Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	