

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW  
Suite 700  
 Check if different than previously reported. (ACC)  
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106146  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 01 2007 through 11 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 12 20 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1038787.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	1123627.69									
(c) Total Receipts (from Line 19) .....	202792.08	1366939.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1326419.77	2405726.61								
7. Total Disbursements (from Line 31) .....	70936.42	1150243.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1255483.35	1255483.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	96312.03	516232.71
(i) Itemized (use Schedule A) .....	41050.99	304585.21
(ii) Unitemized .....	137363.02	820817.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	6750.00
(c) Other Political Committees (such as PACs) .....	137363.02	827567.92
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	65000.00	530975.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	2022.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	429.06	3873.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	202792.08	1366939.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	202792.08	1366939.03

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	361.42	5035.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	361.42	5035.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	1143580.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	750.00
29. Other Disbursements.....	575.00	878.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70936.42	1150243.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	70936.42	1150243.26

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	137363.02	827567.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137363.02	826817.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	361.42	5035.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	361.42	3012.76

**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 6 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Steven D Wilkinson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 5721 West 119th Street		<b>Transaction ID:</b> 14718371	
City State Zip Code Overland Park KS 66209-3722	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Menorah Medical Center	Occupation President and 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>B.</b> Mr. Bob Garrison		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 511 South White Avenue		<b>Transaction ID:</b> 14718411	
City State Zip Code Rangely CO 81648-2100	Amount of Each Receipt this Period 249.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rangely District Hospital	Occupation Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.50		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Dennis L George		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address P O Box 189		<b>Transaction ID:</b> 14718412	
City State Zip Code Burlington KS 66839-0189	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coffey County 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	749.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 7 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John H Jeter, , M.D.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address P O Box 8100		<b>Transaction ID:</b> 14718441
City State Zip Code Hays KS 67601-8100	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hays Medical Center	Occupation President and 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>B.</b> Mr. Fred J. Lucky		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 14607 West 89th Street		<b>Transaction ID:</b> 14718456
City State Zip Code Lenexa KS 66215-2967	Amount of Each Receipt this Period 134.61	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kansas Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Eugene W Meyer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 325 Maine Street		<b>Transaction ID:</b> 14718468
City State Zip Code Lawrence KS 66044-1360	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lawrence Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	634.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**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 8 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joyce Portela		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 9632 Zarda Drive		<b>Transaction ID:</b> 14718488	
City State Zip Code Lenexa KS 66227-7205	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shawnee Mission Medical Center	Occupation Chief Operating 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>B.</b> Ms. Julie Quirin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 12300 Metcalf Avenue		<b>Transaction ID:</b> 14718489	
City State Zip Code Overland Park KS 66213-1324	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Luke's South 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mrs. Lynnette A. RauvolaBouta		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 25 Huntington St.		<b>Transaction ID:</b> 14718491	
City State Zip Code Eastborough KS 67206-2047	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Via Christi Health System	Occupation Vice President Mission Integration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Nancy Formella		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address One Medical Center Drive		<b>Transaction ID:</b> 14718567
City State Zip Code Lebanon NH 03756-1000	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dartmouth-Hitchcock Medical Center	Occupation President	
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>B.</b> Mr. Gregory J Walker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 789 Central Avenue		<b>Transaction ID:</b> 14718569
City State Zip Code Dover NH 03820-2526	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wentworth-Douglass 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Ed Noseworthy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 587 Broadoak Loop		<b>Transaction ID:</b> 14720844
City State Zip Code Sanford FL 32773-6604	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Florida Hospital East Orlando	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. James K Elrod Mailing Address 2600 Greenwood Road City State Zip Code Shreveport LA 71130-2600 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 14729451 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Willis-Knighton Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William R Holman, FACHE Mailing Address P O Box 2511 City State Zip Code Baton Rouge LA 70821-2511 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 14729452 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Baton Rouge General Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Delores LeJeune Mailing Address 1125 West Highway 30 City State Zip Code Gonzales LA 70737-5004 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7 <b>Transaction ID:</b> 14729453 Amount of Each Receipt this Period 500.00
Name of Employer Occupation St. Elizabeth Hospital Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 11 / 130
	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Phyllis Peoples, , MSN, R.N. Mailing Address P O Box 6037 City Houma State LA Zip Code 70361-6037 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 14729454 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	7														
500.00																							
Name of Employer Terrebonne General Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John J. Finn, Ph.D. Mailing Address 417 Magnolia Lane City Mandeville State LA Zip Code 70471-1646 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 14729455 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	7														
250.00																							
Name of Employer Metropolitan Hospital Council of New O Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Larry Graham Mailing Address 1701 Oak Park Boulevard City Lake Charles State LA Zip Code 70601-8911 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 14729511 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	7	/	2	0	0	7														
250.00																							
Name of Employer Lake Charles 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 ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 12 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Karen Mixon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address 1635 Marvel Street		<b>Transaction ID:</b> 14729512	
City State Zip Code Coushatta LA 71019-9022		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation CHRISTUS Coushatta Health Administrator Care Center			
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>B.</b> Mr. John Steckler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address 2450 Severn Avenue, Suite 210		<b>Transaction ID:</b> 14729513	
City State Zip Code Metairie LA 70001-6942		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation ShareCor Director of IS			
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>C.</b> Mr. Thomas Warner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address 1514 Jefferson Highway		<b>Transaction ID:</b> 14729514	
City State Zip Code New Orleans LA 70121-2429		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Ochsner Health System President and CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 13 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Edward J Bonn</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 11 Upper Riverdale Road SW		<b>Transaction ID: 14730180</b>	
City State Zip Code Riverdale GA 30274-2600		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Southern Regional Medical Center		Occupation President and 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>B. Ms. Linda A Clark</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 677 Church Street		<b>Transaction ID: 14730186</b>	
City State Zip Code Marietta GA 30060-1101		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer WellStar Kennestone Hospital		Occupation Senior Vice President and Administrator	
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>C. Mr. Lee Sanders Greer</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 664 Mooney Hollow Road		<b>Transaction ID: 14730317</b>	
City State Zip Code Tallahassee AL 35010		Amount of Each Receipt this Period 525.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Community Hospital		Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 14 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. A. Elizabeth Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 6600 Apple Cross Drive North		<b>Transaction ID: 14730318</b>	
City State Zip Code Mobile AL 36695-2900	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer USA Children's and Women's Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Gardner</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 1000 West 8th Avenue		<b>Transaction ID: 14730648</b>	
City State Zip Code Yuma CO 80759-2641	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Yuma District Hospital	Occupation Administrator		
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>C. Mr. Steve Wantz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 7218 Marstella Drive		<b>Transaction ID: 14730717</b>	
City State Zip Code Brownsburg IN 46112-8442	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Clarian Health	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	960.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 15 / 130
	<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)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Linda Roberts

Mailing Address 1701 North Senate Boulevard

City Indianapolis State IN Zip Code 46202-1239

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

Name of Employer Clarian Health Occupation Hospital Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 09 / 2007

**Transaction ID: 14730718**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Allison D. Wharry

Mailing Address 4636 St. John Circle

City Zionsville State IN Zip Code 46077-8140

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

Name of Employer Indiana Hospital & Health Association Occupation Director, Health Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 09 / 2007

**Transaction ID: 14730735**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Blake A Dye

Mailing Address P O Box 490

City New Castle State IN Zip Code 47362-0490

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

Name of Employer Henry County Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 09 / 2007

**Transaction ID: 14730738**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 16 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Marvin G Pember		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1701 North Senate Boulevard		<b>Transaction ID:</b> 14730739
City State Zip Code Indianapolis IN 46202	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Clarian Health Partners	Occupation Hospital EVP and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Samuel L Odle		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1701 North Senate Boulevard		<b>Transaction ID:</b> 14730740
City State Zip Code Indianapolis IN 46202-1239	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Methodist Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Norman G Tabler, , Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1701 North Senate Boulevard		<b>Transaction ID:</b> 14730741
City State Zip Code Indianapolis IN 46202-1239	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Clarian Health	Occupation Hospital Sr VP & Gen'l Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Mr Paul Janssen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 601 Hosier Drive		<b>Transaction ID: 14730745</b>	
City State Zip Code New Castle IN 47362-0490	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Henry County Hospital	Occupation Senior Vice President and Chief Financial 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>B. Mr. Daniel F Evans, , Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address P O Box 1367		<b>Transaction ID: 14730746</b>	
City State Zip Code Indianapolis IN 46206-1367	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Clarian Health	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Naval Sondhi, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address P O Box 1906		<b>Transaction ID: 14730748</b>	
City State Zip Code Indianapolis IN 46206-1906	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Clarian Health	Occupation Executive Management/Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 18 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Jeffrey Linder		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address P.O. Box 1367		<b>Transaction ID:</b> 14730756	
City Indianapolis	State IN	Zip Code 46206-1367	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Clarian Health Partners	Occupation Hospital VP, Gov't Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Cynthia Kreutz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 900 Potomac Street		<b>Transaction ID:</b> 14730831	
City Aurora	State CO	Zip Code 80011-6716	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Spalding Rehabilitation Hospital	Occupation President and 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>C.</b> Ms. Janet Stephens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 6014 Watson Drive		<b>Transaction ID:</b> 14730834	
City Fort Collins	State CO	Zip Code 80528-8877	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Colorado Hospital Association	Occupation Vice President of Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Ms. Megan Cundari</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: 14733941</b> Amount of Each Receipt this Period 250.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt	Occupation Associate Director, Federal Relations	Amount of Each Receipt this Period 250.00
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>B. Mr. James A. Diegel</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 2524 SW 34 Court		<b>Transaction ID: 14733942</b> Amount of Each Receipt this Period 250.00
City State Zip Code Redmond OR 97756-8280	FEC ID number of contributing federal political committee. C	
Name of Employer Central Oregon District Hospital	Occupation Executive Director	Amount of Each Receipt this Period 250.00
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>C. Ms. Andrea Easton</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 258 Evergreen Road #4		<b>Transaction ID: 14733943</b> Amount of Each Receipt this Period 125.00
City State Zip Code Lake Oswego OR 97034-3145	FEC ID number of contributing federal political committee. C	
Name of Employer Oregon Association of Hospitals & Heal	Occupation Director of Advocacy	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 20 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Alan R Yordy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 14432 SE Eastgate Way, Ste 300		<b>Transaction ID:</b> 14733944	
City State Zip Code Bellevue WA 98007-6493	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PeaceHealth	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Deryl L Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 10123 SE Market Street		<b>Transaction ID:</b> 14733945	
City State Zip Code Portland OR 97216-2532	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Adventist Medical Center	Occupation President		
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>C.</b> Mr. Skip Kriz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2095 Lakeview Drive		<b>Transaction ID:</b> 14733946	
City State Zip Code Eugene OR 97408-7207	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PeaceHealth	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 21 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Mel Pyne		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3015 Summit Sky Blvd.		<b>Transaction ID:</b> 14733955	
City State Zip Code Eugene OR 97405-6253	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PeaceHealth	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Terry O Finklein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2111 Exchange Street		<b>Transaction ID:</b> 14733962	
City State Zip Code Astoria OR 97103-3329	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Columbia 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David Holloway, MD.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 3735 Cherokee Drive South		<b>Transaction ID:</b> 14733964	
City State Zip Code Salem OR 97302-9712	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Salem Hospital	Occupation Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 22 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Cheryl Nester-Bowers</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 252 Muirfield Avenue SE		<b>Transaction ID: 14733965</b>	
City State Zip Code Salem OR 97306-8594	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Salem Hospital	Occupation Sr. VP, Patient Care, Chief Nursing Of		
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>B. Mr. William E Winter</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 342 Fairview Street		<b>Transaction ID: 14733973</b>	
City State Zip Code Silverton OR 97381-1917	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Silverton Hospital	Occupation Administrative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Roy G Vinyard, , FACHE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 2650 Siskiyou Blvd, Suite 200		<b>Transaction ID: 14733983</b>	
City State Zip Code Medford OR 97504-8170	Amount of Each Receipt this Period 338.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Asante Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1088.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 23 / 130
	<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)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr Kent L. Brown

Mailing Address 2825 East Barnett

City State Zip Code  
Medford OR 97504-8332

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

Name of Employer  
Rogue Valley Medical Center

Occupation  
Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

**Transaction ID:** 14733986

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Andrew Wilson, MD

Mailing Address 1268 Greenleaf Drive

City State Zip Code  
Rochester Hills MI 48309-1723

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

Name of Employer  
Beaumont Hospital - Royal Oak

Occupation  
Director/Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

**Transaction ID:** 14735360

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City State Zip Code  
Hollister MO 65672-5725

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

Name of Employer  
Skaggs Community Health Center

Occupation  
Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 7

**Transaction ID:** 14735761

Amount of Each Receipt this Period  
42.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	542.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 24 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Wayne Gandee, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 13727		<b>Transaction ID:</b> 14741802
City State Zip Code Roanoke VA 24036-3727	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carilion Roanoke Community Hospital	Occupation Administrator/Chair, Radiology	
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>B.</b> Mr. Donald E. Lorton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 1141 Windy Hill Road		<b>Transaction ID:</b> 14741803
City State Zip Code Goodview VA 24095-2909	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carilion Health System	Occupation Vice President	
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>C.</b> Ms. Linda White		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 644 Johnston Road		<b>Transaction ID:</b> 14741815
City State Zip Code Marion VA 24354-4345	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Smyth County Community Hospital	Occupation Vice President Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Mr. Donald L. Harris		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 5976 Burnside Landing Drive		<b>Transaction ID:</b> 14741871
City State Zip Code Burke VA 22015-2522	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Health System	Occupation Vice President, Government Relations	
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>B.</b> Mr. Dennis Vonderfecht		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 701 N State of Franklin, Ste 1		<b>Transaction ID:</b> 14741884
City State Zip Code Johnson City TN 37604-3645	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mountain States Health Alliance	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.50	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Janis M Orłowski, , M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7
Mailing Address 2705 Olive St. NW		<b>Transaction ID:</b> 14741971
City State Zip Code Washington DC 20007-3326	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washington Hospital Center	Occupation Senior Vice President Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1312.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 26 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. David Engler, PhD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 323 Pebble Creek Drive		<b>Transaction ID:</b> 14745270	
City State Zip Code Dublin OH 43017-1370	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ohio Hospital Association	Occupation Sr. Dir. Data Services & V.P. REF		
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>B.</b> Mr. Thomas S. Urban		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 8484 Old Shaw Way		<b>Transaction ID:</b> 14745271	
City State Zip Code West Chester OH 45069-6400	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mercy Health Partners	Occupation Administrator		
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>C.</b> Mr. Thomas P. Nickels		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> 14754001	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 27 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James F Caldas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 110 Irving Street NW		<b>Transaction ID:</b> 14754006
City State Zip Code Washington DC 20010-3017	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washington Hospital Center	Occupation President	
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>B.</b> Mr. Thomas P Pipicelli		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 326 Washington Street		<b>Transaction ID:</b> 14755570
City State Zip Code Norwich CT 06360-2740	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer William W. Backus Hospital, The	Occupation President and 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>C.</b> Ms. Kathleen Roche		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 114 Woodland Street		<b>Transaction ID:</b> 14755571
City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Ms. Julia A. Petrellis</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 329 Round Hill Road		<b>Transaction ID: 14755572</b>	
City Bristol	State CT	Zip Code 06010-9021	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association	Occupation Director, Quality Improvement		
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>B. Mr J Kevin Kinsella</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address P O Box 5037		<b>Transaction ID: 14755573</b>	
City Hartford	State CT	Zip Code 06102-5037	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hartford Hospital	Occupation Vice President		
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>C. Mr. James S. Paolino</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 827 Orange Road		<b>Transaction ID: 14755574</b>	
City Waterbury	State CT	Zip Code 06708	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association	Occupation Manager, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Daniel E Lohr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 326 Washington Street		Transaction ID: 14755606	
City State Zip Code Norwich CT 06360-2733	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer William W. Backus Hospital, The	Occupation Senior Vice President and Chief Financial 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>B.</b> Mr. William Godburn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 114 Woodland Street		Transaction ID: 14755607	
City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice President Revenue Management		
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>C.</b> Mr. Steven A. Godfrey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address Post Office Box 100		Transaction ID: 14755608	
City State Zip Code New Britain CT 06050-4000	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central Connecticut Health Alliance	Occupation Vice President, Managed Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 30 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Clarence J Silvia		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 81 Meriden Avenue		<b>Transaction ID:</b> 14755609	
City State Zip Code Southington CT 06489-3268		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bradley Memorial Hospital and Health C		Occupation President and 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>B.</b> Mr. Joseph Connolly		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 56 Franklin Street		<b>Transaction ID:</b> 14755610	
City State Zip Code Waterbury CT 06706-1221		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Mary's Hospital		Occupation Director	
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>C.</b> Ms. Nancy R. Becker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 2022 Overhill Drive		<b>Transaction ID:</b> 14755669	
City State Zip Code Nashville TN 37215-3415		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Thomas Hospital		Occupation VP Strategic Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 31 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Brian Rogoz Mailing Address 81 Meriden Avenue City Southington State CT Zip Code 06489-3297 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> 14755670 Amount of Each Receipt this Period 250.00
Name of Employer: Bradley Memorial Hospital and Health C Occupation: Vice President Finance and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Patrick Charnel Mailing Address 130 Division Street City Derby State CT Zip Code 06418-1326 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> 14755671 Amount of Each Receipt this Period 250.00
Name of Employer: Griffin Hospital Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Joyce Wade Mailing Address 114 Woodland Street City Hartford State CT Zip Code 06105-1208 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> 14755672 Amount of Each Receipt this Period 250.00
Name of Employer: Saint Francis Hospital and Medical Cen Occupation: Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 32 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Donald Straceski</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 114 Woodland Street		<b>Transaction ID: 14755772</b>	
City State Zip Code Hartford CT 06105-1208		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Saint Francis Hospital and Medical Cen Vice President Fiancial Management			
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>B. Dr Steven D Hanks, , M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address P O Box 100		<b>Transaction ID: 14755774</b>	
City State Zip Code New Britain CT 06050-0100		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation New Britain General Hospital Senior Vice President Medical Affairs			
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>C. Dr. Howard A. Shaw, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 65 Olander Lane		<b>Transaction ID: 14755775</b>	
City State Zip Code Middletown CT 06457-1574		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Saint Francis Hospital and Medical Cen Chairman & Director, Department OB/GYN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 33 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Carolyn S. Kobsa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address P O Box 5000		Transaction ID: 14755777	
City State Zip Code Bridgeport CT 06610-0120	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bridgeport Hospital	Occupation Senior Vice President Planning and Mar		
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>B.</b> Mr. Martin L. Levine		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 19 Carter Lane		Transaction ID: 14755778	
City State Zip Code Glastonbury CT 06033-2217	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Windham Community Memorial Hospital	Occupation Administrator Director Human Resources		
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>C.</b> Mr. Kevin Reynolds		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 280 Steele Road		Transaction ID: 14757234	
City State Zip Code West Hartford CT 06117-2743	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Updike, Kelly and Spellacy	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 34 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr Vincent Capece</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 28 Crescent Street		<b>Transaction ID: 14757235</b>	
City State Zip Code Middletown CT 06457-3650		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Middlesex Hospital Occupation Vice President Finance and Treasurer			
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>B. Mr. Edward Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 114 Woodland Street		<b>Transaction ID: 14757236</b>	
City State Zip Code Hartford CT 06105-1208		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Francis Care Occupation Senior Vice President			
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>C. Ms. Mary Ann Hanley</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 349 East Street		<b>Transaction ID: 14757237</b>	
City State Zip Code Hebron CT 06248-1102		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Francis Hospital and Medical Cen Occupation Administrator, Liaison Office			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 35 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James W. Schepker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 115 Mountain Terrace Road		<b>Transaction ID:</b> 14757238
City State Zip Code West Hartford CT 06107-1547	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice president Communications	
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>B.</b> Mr. Bernard A. Clark, III		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 93 Johnny Cake Lane		<b>Transaction ID:</b> 14757308
City State Zip Code Glastonbury CT 06033-2545	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Chairman, Dept. of Medicine	
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>C.</b> Mr. Robert J Trefry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address P O Box 5000		<b>Transaction ID:</b> 14757309
City State Zip Code Bridgeport CT 06610-0120	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bridgeport Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 36 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Amit K Mody, , M.D.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 114 Woodland Street		Transaction ID: 14757310
City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Care, Inc.	Occupation Executive Vice President and Chief Ope	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Paul F. Pendergast		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 95 Woodland Street		Transaction ID: 14757311
City State Zip Code Hartford CT 06105-1230	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Care, Inc.	Occupation President & Chief Development Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bruce D Cummings		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 365 Montauk Avenue		Transaction ID: 14757312
City State Zip Code New London CT 06320-4700	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lawrence & Memorial Hospi- tal	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 37 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert Gerard Kiely		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 28 Crescent Street		<b>Transaction ID:</b> 14757319
City State Zip Code Middletown CT 06457-3654	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Middlesex Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Joel R Reich, , M.D.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 71 Haynes Street		<b>Transaction ID:</b> 14757320
City State Zip Code Manchester CT 06040-4131	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Eastern Connecticut Health Network	Occupation Senior Vice President Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Karl Krapek		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 11 Pembroke Drive		<b>Transaction ID:</b> 14757321
City State Zip Code Avon CT 06001-3970	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 38 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Thomas O. Barnes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 123 Main Street		<b>Transaction ID:</b> 14757322
City State Zip Code Bristol CT 06010-6307	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bristol Hospital	Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John H Tobin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 64 Robbins Street		<b>Transaction ID:</b> 14757323
City State Zip Code Waterbury CT 06708-2600	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Waterbury Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. James D. Iacobellis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 110 Barnes Road		<b>Transaction ID:</b> 14757337
City State Zip Code Wallingford CT 06492-1802	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Connecticut Hospital Association	Occupation Vice President, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 39 / 130		
	<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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Barry Feldman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 114 Woodland Street		<b>Transaction ID: 14757338</b>	
City State Zip Code Hartford CT 06105-1208		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Francis Hospital and Medical Cen		Occupation Senior Vice President-General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Martin J. Gavin</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 108 Winding Lane		<b>Transaction ID: 14757339</b>	
City State Zip Code Avon CT 06001-2625		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Children's Medical Center		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John J. Brady, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 5 Lynnbrook Road		<b>Transaction ID: 14757340</b>	
City State Zip Code Trumbull CT 06611-3308		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association		Occupation Vice President, Business Development &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 40 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 31 Prospect Place		<b>Transaction ID:</b> 14757341	
City Bristol	State CT	Zip Code 06010-5045	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 20 York Street		<b>Transaction ID:</b> 14757342	
City New Haven	State CT	Zip Code 06510-3220	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Yale-New Haven Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Stephen A. Frayne		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 411 Old Sherman Hill Road		<b>Transaction ID:</b> 14757343	
City Woodbury	State CT	Zip Code 06798-4003	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 41 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert P Ritz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 56 Franklin Street		<b>Transaction ID:</b> 14757344
City State Zip Code Waterbury CT 06706-1238	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Mary's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Kurt A Barwis, , CHE, CPA		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address Brewster Road		<b>Transaction ID:</b> 14757345
City State Zip Code Bristol CT 06011	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bristol Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Laurence A Tanner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address P O Box 100		<b>Transaction ID:</b> 14757346
City State Zip Code New Britain CT 06050-0100	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hospital of Central Connecticut, The	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 42 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Brian Fillipo, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 6192 Moores Creek		<b>Transaction ID:</b> 14757351	
City State Zip Code Summerfield NC 27358-8285		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association		Occupation Vice President, Quality and Patient Sa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Christopher M Dadlez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 114 Woodland Street		<b>Transaction ID:</b> 14757352	
City State Zip Code Hartford CT 06105-1208		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Francis Care, Inc.		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William Stanley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 292 Pequot Avenue		<b>Transaction ID:</b> 14757353	
City State Zip Code New London CT 06320-4451		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Lawrence & Memorial Hospi- tal		Occupation Vice President, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 43 / 130
	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Mary Lyon Mailing Address 12 Wildlife Drive City Wallingford State CT Zip Code 06492-5346 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 <b>Transaction ID: 14757354</b> Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr Kyle Ballou Mailing Address 20 York Street City New Haven State CT Zip Code 06510-3220 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 <b>Transaction ID: 14757355</b> Amount of Each Receipt this Period 250.00
Name of Employer Yale-New Haven Hospital Occupation Administrative Director Community & Go Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Christopher Hartley Mailing Address 114 woodland Street City Hartford State CT Zip Code 06105-1208 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 <b>Transaction ID: 14757372</b> Amount of Each Receipt this Period 500.00
Name of Employer Saint Francis Hospital and Medical Cen Occupation Sr Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 44 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. E. Merrit McDonough, Jr.

Mailing Address 44 Wesmont

City State Zip Code  
West Hartford CT 06117-2927

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

Name of Employer Occupation  
Saint Francis Hospital and Medical Cen Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

**Transaction ID:** 14757384

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Richard D'Aquila

Mailing Address 789 Howard Avenue

City State Zip Code  
New Haven CT 06519-1304

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

Name of Employer Occupation  
Yale New Haven Health System Executive Vice President and Chief Op

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

**Transaction ID:** 14757416

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jane Deane Clark, PhD

Mailing Address 110 Barnes Road

City State Zip Code  
Wallingford CT 06492-1802

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

Name of Employer Occupation  
Connecticut Hospital Association Senior Director, Healthcare Data

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

**Transaction ID:** 14757417

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 45 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia McCooey</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 110 Barnes Road		<b>Transaction ID: 14757418</b>	
City State Zip Code Wallingford CT 06492-1802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Connecticut Hospital Association	Occupation Director, Patient Care		
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>B. Ms. Leslie Gianelli</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 110 Barnes Road		<b>Transaction ID: 14757419</b>	
City State Zip Code Wallingford CT 06492-1802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Connecticut Hospital Association	Occupation Director, Communications		
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>C. Mr. Allan Pinard</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 110 Barnes Road		<b>Transaction ID: 14757422</b>	
City State Zip Code Wallingford CT 06492-1802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Connecticut Hospital Association	Occupation Assistant Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Mr. Jerome G. Geraghty</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 20 South Charles Street Sun Life Building, Suite 1200		<b>Transaction ID: 14757440</b>	
City State Zip Code Baltimore MD 21201-3220		Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association		Occupation MHA General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Catherine M. Crowley</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 2100 Poplar Ridge Road		<b>Transaction ID: 14757441</b>	
City State Zip Code Pasadena MD 21122-3820		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association		Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. James J Xinis</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 100 Hospital Road		<b>Transaction ID: 14757442</b>	
City State Zip Code Prince Frederick MD 20678-9675		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Calvert Memorial Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Ms. Carmela S. Coyle</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: 14757474</b>	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Policy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew Anderson, JD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 2550 University Avenue W.		<b>Transaction ID: 14757495</b>	
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 140.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Minnesota Hospital Associ- ation Occupation Vice Pres, Regulatory/Strategic Affair			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Bruce J. Rueben</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 4885 Pheasant Court South		<b>Transaction ID: 14757497</b>	
City State Zip Code Afton MN 55001-9415	Amount of Each Receipt this Period 269.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Minnesota Hospital Associ- ation Occupation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1409.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 48 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Ann Gibson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 2550 University Avenue W. Suite 350-S		Transaction ID: 14757513
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Minnesota Hospital Association	Occupation Director, Health Policy & Federal Rela	
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>B.</b> Ms. Tania Daniels		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 2550 University Avenue W.		Transaction ID: 14757514
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Minnesota Hospital Association	Occupation Director, Health Policy	
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>C.</b> Mr. Matthew Anderson, JD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 2550 University Avenue W.		Transaction ID: 14757519
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Minnesota Hospital Association	Occupation Vice Pres, Regulatory/Strategic Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	740.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 49 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Debra K Boardman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 323 South Minnesota Street		<b>Transaction ID: 14757520</b>	
City State Zip Code Crookston MN 56716-1600		Amount of Each Receipt this Period 7.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Riverview Healthcare Association		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 367.50	

Full Name (Last, First, Middle Initial) <b>B. Mr. James F Hanko</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 1300 Anne Street NW		<b>Transaction ID: 14757598</b>	
City State Zip Code Bemidji MN 56601-5103		Amount of Each Receipt this Period 167.05	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Country Regional Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 517.50	

Full Name (Last, First, Middle Initial) <b>C. Ms Kathy Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 200 North Elm Street		<b>Transaction ID: 14757602</b>	
City State Zip Code Onamia MN 56359-7901		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mille Lacs Health System		Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	424.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 50 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Bruce J. Rueben		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 4885 Pheasant Court South		<b>Transaction ID:</b> 14757618
City State Zip Code Afton MN 55001-9415	Amount of Each Receipt this Period 269.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Minnesota Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Mark Sonneborn		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 2550 University Avenue		<b>Transaction ID:</b> 14757621
City State Zip Code St. Paul MN 55114	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Minnesota Hospital Association	Occupation Vice President of Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Paul Belcher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address Rt. 15, Box 241		<b>Transaction ID:</b> 14758858
City State Zip Code Tallahassee FL 32311	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Florida Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1049.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 51 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Sue G Brody</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 701 Sixth Street South		<b>Transaction ID: 14758876</b>	
City State Zip Code Saint Petersburg FL 33701-4891		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Bayfront Medical Center President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy J Goldfarb</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 1600 SW Archer Road		<b>Transaction ID: 14759088</b>	
City State Zip Code Gainesville FL 32610-3003		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Shands HealthCare Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John Hillenmeyer</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 1414 Kuhl Avenue		<b>Transaction ID: 14763671</b>	
City State Zip Code Orlando FL 32806-2093		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Orlando Regional Healthcare President and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 52 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Lars Houmann</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 601 East Rollins Street		<b>Transaction ID: 14763673</b>	
City State Zip Code Orlando FL 32803-1248		Amount of Each Receipt this Period 22.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Florida Hospital President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Warren E Jones</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 1300 Miccosukee Road		<b>Transaction ID: 14763797</b>	
City State Zip Code Tallahassee FL 32308-5054		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Tallahassee Memorial HealthCare Vice President and Chief Communication			
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>C. Mr. Alfred G Stubblefield</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1717 North 'E' Street, Ste 320		<b>Transaction ID: 14763814</b>	
City State Zip Code Pensacola FL 32501-6377		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Baptist Health Care Corporation President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1272.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Mr. Paul Malek		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 625 Buttonwood Lane		<b>Transaction ID:</b> 14763816
City State Zip Code Miami FL 33137-3359	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Healthcare System	Occupation Administrator	
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>B.</b> Mr. Timothy P Menton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 600 East Dixie Avenue		<b>Transaction ID:</b> 14763822
City State Zip Code Leesburg FL 34748-5925	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Leesburg Regional Medical Center	Occupation Interim Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.50	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William G Ulbricht		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address P O Box 12588		<b>Transaction ID:</b> 14764133
City State Zip Code Saint Petersburg FL 33733-2588	Amount of Each Receipt this Period 212.50	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Anthony's Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	712.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 54 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Joseph L. Ruark		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 6809 Hillock Court		<b>Transaction ID:</b> 14765728	
City State Zip Code Florence KY 41042-1175	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Elizabeth Medical Center-Grant Cou	Occupation Acting Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael J Gibbons		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 109 Brittany Court		<b>Transaction ID:</b> 14765729	
City State Zip Code Lakeside Park KY 41017-2101	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Elizabeth Medical Center	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Michael Walters, MD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 747 Hurstbourne		<b>Transaction ID:</b> 14765730	
City State Zip Code Edgewood KY 41017-9602	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Elizabeth Medical Center-South	Occupation Sr. Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 55 / 130
	<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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric Beyer

Mailing Address 641 Salem End road

City State Zip Code  
Framingham MA 01702-5529

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

Name of Employer Tufts-New England Medical Center  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14765780

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen R. Strieder

Mailing Address 83 Penniman Place

City State Zip Code  
Brookline MA 02445-4135

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

Name of Employer New England Baptist Hospital  
Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14765781

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Jordan

Mailing Address 2014 Washington Street

City State Zip Code  
Newton Lower Falls MA 02462-1699

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

Name of Employer Newton-Wellesley Hospital  
Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14765782

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 56 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Peter L Slavin, , M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 55 Fruit Street		<b>Transaction ID:</b> 14765784
City State Zip Code Boston MA 02114-2622	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Massachusetts General Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Trudy Chittick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 150 East Arapahoe Street		<b>Transaction ID:</b> 14765838
City State Zip Code Thermopolis WY 82443-2402	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hot Springs County 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gordon Lewis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 2000 Campbell Drive		<b>Transaction ID:</b> 14765839
City State Zip Code Torrington WY 82240-1528	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Community 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 57 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Peter A. Sherlock		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 388 Western Avenue		<b>Transaction ID:</b> 14766433	
City State Zip Code West Brattleboro VT 05301-6238	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Brattleboro Memorial Hospital	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Cynthia Kreutz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 900 Potomac Street		<b>Transaction ID:</b> 14766437	
City State Zip Code Aurora CO 80011-6716	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Spalding Rehabilitation Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Henry D Lipman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 179 Sara Circle		<b>Transaction ID:</b> 14766472	
City State Zip Code Laconia NH 03246-3069	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LRG Healthcare	Occupation Executive Vice President and Chief Fin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Rev. Michael D. Place, STD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 1671 Mission Hill Road #308		<b>Transaction ID:</b> 14766480	
City State Zip Code Northbrook IL 60062-5735	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Resurrection Health Care Corporation	Occupation Vice President, Ministry Development		
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>B.</b> Mr. William J. Cox		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 1215 K Street 20th Floor		<b>Transaction ID:</b> 14766484	
City State Zip Code Sacramento CA 95814-3945	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alliance of Catholic Health Care	Occupation President & 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>C.</b> Dr. John J. Lynch, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 3719 Winfield Lane, NW		<b>Transaction ID:</b> 14766485	
City State Zip Code Washington DC 20007-2349	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washington Hospital Center	Occupation Associate Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Ms. Jennifer D. Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 61 Hickory Lane		<b>Transaction ID: 14771611</b>	
City State Zip Code Madison CT 06443-1718		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Kevin Nokels</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 11111 South 84th Street		<b>Transaction ID: 14772117</b>	
City State Zip Code Papillion NE 68046-4122		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Alegent-Health Midlands Hospital		Occupation Vice President and Chief Operating Off	
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>C. Mr. Dennis D Keefe</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1493 Cambridge Street		<b>Transaction ID: 14795409</b>	
City State Zip Code Cambridge MA 02139-1099		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cambridge Health Alliance		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 60 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Timothy F. Gens		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 5 New England Executive Park		<b>Transaction ID:</b> 14795411
City State Zip Code Burlington MA 01803-5010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Massachusetts Hospital Association	Occupation Sr. Vice President, Legal	
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>B.</b> Ms. Nancy Palmer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 9 Buttonwood Lane		<b>Transaction ID:</b> 14795412
City State Zip Code Danvers MA 01923-1161	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Beverly Hospital	Occupation Trustee	
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>C.</b> Mr. Paul W. Allison		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 36 Mitchell Grant		<b>Transaction ID:</b> 14795413
City State Zip Code Bedford MA 01730-1264	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cambridge Health Alliance	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 61 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John B Chessare, M.D., M.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 736 Cambridge Street		<b>Transaction ID:</b> 14795415	
City State Zip Code Boston MA 02135-2907		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Caritas Christi Health Care		Occupation Interim President and Chief Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Thomas Sommers		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 2006 Irving Street		<b>Transaction ID:</b> 14795431	
City State Zip Code Beatrice NE 68310-2265		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Beatrice Community Hospital and Health		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>C.</b> Mr. Craig M Ames		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1600 South 48th Street		<b>Transaction ID:</b> 14795435	
City State Zip Code Lincoln NE 68506-1299		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer BryanLGH Medical Center		Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Mr. Daniel W. Griess		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 744 West 16th Street		<b>Transaction ID:</b> 14795448
City State Zip Code Alliance NE 69301-2214	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Box Butte General 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael R Gloor, , FACHE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address P O Box 9804		<b>Transaction ID:</b> 14795450
City State Zip Code Grand Island NE 68802-9804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Francis Medical Cen- ter	Occupation President and 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>C.</b> Ms. Lucinda A Bradley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address P O Box 1167		<b>Transaction ID:</b> 14797586
City State Zip Code North Platte NE 69103-1167	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Great Plains Regional Med- ical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 63 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard A. Hachten, II		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 2676 South 96th Circle		<b>Transaction ID:</b> 14797735
City State Zip Code Omaha NE 68124-1949	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Alegent Health President, Alegent Health System		
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>B.</b> Mr. James P Ulrich, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address P O Box 1328		<b>Transaction ID:</b> 14797755
City State Zip Code McCook NE 69001-1328	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Community Hospital President and 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>C.</b> Mr. Gary A Perkins		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 8200 Dodge Street		<b>Transaction ID:</b> 14797757
City State Zip Code Omaha NE 68114-4113	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Children's Hospital President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 64 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Roger J Reamer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 300 North Columbia Avenue		<b>Transaction ID:</b> 14797759	
City State Zip Code Seward NE 68434-2228	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Memorial Health Care Systems	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>B.</b> Mr. John Allen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address P O Box 1990		<b>Transaction ID:</b> 14797767	
City State Zip Code Kearney NE 68848-1990	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Good Samaritan Health Systems	Occupation President and 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>C.</b> Mr. Glenn A Fosdick, , FACHE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 987400 Nebraska Medical Center		<b>Transaction ID:</b> 14797783	
City State Zip Code Omaha NE 68198-7400	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nebraska Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 65 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Earl N Sheehy</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address P O Box 185		<b>Transaction ID: 14797787</b>	
City State Zip Code Wahoo NE 68066-0185		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Saunders Medical Center		Occupation President and 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>B. Dr. Todd Sorensen, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 4021 Avenue 'B'		<b>Transaction ID: 14797829</b>	
City State Zip Code Scottsbluff NE 69361-4602		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Regional West Medical Center		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>C. Ms. Michal Regunberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 449 Franklin Street		<b>Transaction ID: 14797830</b>	
City State Zip Code Cambridge MA 02139-3168		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts Hospital Association		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 66 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Arnold R. Thomas, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 700 Mustang Drive		<b>Transaction ID:</b> 14798335	
City State Zip Code Bismarck ND 58503-8204		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Dakota Healthcare Association		Occupation President	
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>B.</b> Mr. Douglas G. Vang		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 502 Harwood Drive		<b>Transaction ID:</b> 14798347	
City State Zip Code Fargo ND 58104-6276		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MeritCare Health System		Occupation Senior Executive of Strategy Development	
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>C.</b> Mr. John E. Callender		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 2743 Elginfield Road		<b>Transaction ID:</b> 14798359	
City State Zip Code Upper Arlington OH 43220-4247		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ohio Hospital Association		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 67 / 130
	<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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard F Castrop

Mailing Address 55 Hospital Drive

City Athens State OH Zip Code 45701-2302

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

Name of Employer O'Bleness Memorial Hospital  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14798412

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ingo Angermeier, , FACHE

Mailing Address 101 East Wood Street

City Spartanburg State SC Zip Code 29303-3016

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

Name of Employer Spartanburg Regional Medical Center  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14798414

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jay Cox

Mailing Address 129 North Washington Street

City Sumter State SC Zip Code 29150-4983

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

Name of Employer Tuomey Healthcare System  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 14798415

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 68 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Thomas C Dandridge		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 3000 St Matthews Road		<b>Transaction ID:</b> 14798416
City State Zip Code Orangeburg SC 29118-1442	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Regional Medical Center of Orangeburg	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. J. Wallace Davies, MD		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 800 North Fant Street		<b>Transaction ID:</b> 14798417
City State Zip Code Anderson SC 29621-5793	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AnMed Health Rehabilitation Hospital	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John Heydel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 1325 Spring Street		<b>Transaction ID:</b> 14798423
City State Zip Code Greenwood SC 29646-3860	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Regional Healthcare	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 69 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joe D Howell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 143 Lemaster Road		<b>Transaction ID:</b> 14798424
City State Zip Code Gaffney SC 29341-4903	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Upstate Carolina Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 1000 Center Point Road		<b>Transaction ID:</b> 14798426
City State Zip Code Columbia SC 29210-5802	Amount of Each Receipt this Period 201.95	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer South Carolina Hospital Association	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.05	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr William T Manson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 800 North Fant Street		<b>Transaction ID:</b> 14798428
City State Zip Code Anderson SC 29621-5793	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AnMed Health Medical Center	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	701.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Mr. Doug White</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 809 82nd Parkway		<b>Transaction ID: 14798538</b>	
City State Zip Code Myrtle Beach SC 29572-4611	Amount of Each Receipt this Period 502.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Grand Strand Regional Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 502.50		

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles C. Thornton, Jr., CPA</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address Post Office Box 1486		<b>Transaction ID: 14799231</b>	
City State Zip Code Anderson SC 29622-1486	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AnMed Health Medical Center	Occupation Trustee		
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>C. Mr. Paul Rutledge, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 110 Winners Circle First Floor		<b>Transaction ID: 14800432</b>	
City State Zip Code Brentwood TN 37027-5070	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HCA	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1752.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 71 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Rogers Anderson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 2021 Carothers Road		<b>Transaction ID:</b> 14800434
City State Zip Code Franklin TN 37067-5822	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Williamson Medical Center	Occupation Trustee	
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>B.</b> Ms Terry Murphy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 640 South State Street		<b>Transaction ID:</b> 14802414
City State Zip Code Dover DE 19901-3597	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bayhealth Medical Center	Occupation Executive Vice President and Chief Op	
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>C.</b> Mrs. Bonnie Perratto		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 6 Derbyshire Ct.		<b>Transaction ID:</b> 14802416
City State Zip Code Dover DE 19904-5746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bayhealth Medical Center	Occupation Sr.VP/Chief Nurse Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 72 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Deborah L. Watson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 77 Brynberry Court		<b>Transaction ID:</b> 14802417	
City Magnolia	State DE	Zip Code 19962-1596	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bayhealth Medical Center	Occupation Vice President		
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>B.</b> Mr. Terry W Andrus		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 414 N. 10th Street		<b>Transaction ID:</b> 14807815	
City Opelika	State AL	Zip Code 36801-5452	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gregory Nichols		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 22136 Veterans Memorial Pkwy		<b>Transaction ID:</b> 14807816	
City Lafayette	State AL	Zip Code 36862-3022	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center	Occupation Assistant Vice President, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Mr. Wayne H. Poe		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 4293 Al Hwy. 169		<b>Transaction ID:</b> 14807817
City State Zip Code Opelika AL 36804	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer East Alabama Medical Center	Occupation Vice President & Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Christopher Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 13045 Sawyer Drive		<b>Transaction ID:</b> 14807818
City State Zip Code Opelika AL 36801	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer East Alabama Medical Center	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael Lisenby		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address 807 Laurel Street		<b>Transaction ID:</b> 14807819
City State Zip Code Opelika AL 36801-3519	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer East Alabama Medical Center	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Mr John T Chittom		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 229 Lee Road		<b>Transaction ID:</b> 14808245	
City Auburn	State AL	Amount of Each Receipt this Period 1000.00	
Zip Code 36802-3201			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center	Occupation Assistant Vice President Information S		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Ken Lott		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 1567 Oak Hill Circle		<b>Transaction ID:</b> 14808246	
City Auburn	State AL	Amount of Each Receipt this Period 1000.00	
Zip Code 36832-6798			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center	Occupation Vice President, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Sam Price		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 2000 Pepperell Parkway		<b>Transaction ID:</b> 14808247	
City Opelika	State AL	Amount of Each Receipt this Period 1000.00	
Zip Code 36802-3201			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 75 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Laura Grill		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 2000 Pepperell Parkway		<b>Transaction ID:</b> 14808248	
City State Zip Code Opelika AL 36801-5422		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center		Occupation Vice President, Patient Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carey M. Owen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 2520 Springwood Drive		<b>Transaction ID:</b> 14808249	
City State Zip Code Auburn AL 36830-7236		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. W. Russell Tyner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 2844 Vestavia Forest Drive		<b>Transaction ID:</b> 14808250	
City State Zip Code Vestavia Hills AL 35216-2540		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical West		Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 76 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Gregg B. Everett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 109 Ocala Drive		<b>Transaction ID:</b> 14808251	
City State Zip Code Montgomery AL 36117-6964	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alabama Hospital Association	Occupation Sr. Vice President & General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rosemary Blackmon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 547 Le Grand Place		<b>Transaction ID:</b> 14808252	
City State Zip Code Montgomery AL 36106-1825	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alabama Hospital Association	Occupation Vice President of Public Relations		
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>C.</b> Ms. Jane Knight		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 1612 Salisbury Place		<b>Transaction ID:</b> 14808253	
City State Zip Code Montgomery AL 36117-2562	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alabama Hospital Association	Occupation Vice President, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 77 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. R. Thomas Cooper, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 404 Paddock Lane		<b>Transaction ID:</b> 14808254	
City State Zip Code Montgomery AL 36109-4625	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alabama Hospital Association	Occupation Chief Financial 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>B.</b> Ms. Mindy Burdick		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 701 Keeneland Way		<b>Transaction ID:</b> 14808255	
City State Zip Code Montgomery AL 36109-4664	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baptist Medical Center East	Occupation Administrator		
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>C.</b> Mr. Janice Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
Mailing Address 1798 Ogletree Road		<b>Transaction ID:</b> 14808260	
City State Zip Code Auburn AL 36830-7258	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Alabama Medical Center	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 78 / 130
	<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

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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Glenn A. Reed, Esq.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 191 Peachtree Street		<b>Transaction ID:</b> 14812162
City State Zip Code Atlanta GA 30309-3905	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer King & Spalding	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Donna P. Bergeson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
Mailing Address 1938 Grist Stone Court		<b>Transaction ID:</b> 14812163
City State Zip Code Atlanta GA 30307-1186	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Alston & Bird, LLP	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Edwin E Dahlberg		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 2342 S. Swallowtail Lane		<b>Transaction ID:</b> 14812679
City State Zip Code Boise ID 83706-6127	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Luke's Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Mr. Joseph Messmer</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 1512 12th Avenue Road		<b>Transaction ID: 14812680</b>	
City State Zip Code Nampa ID 83686-6008	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mercy Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Sandra B Bruce</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 1055 North Curtis Road		<b>Transaction ID: 14812681</b>	
City State Zip Code Boise ID 83706-1352	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Saint Alphonsus Regional Medical Centre	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey W Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 700 South Main Street		<b>Transaction ID: 14812682</b>	
City State Zip Code Moscow ID 83843-3056	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Gritman Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 80 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Joseph E Morris		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 2003 Lincoln Way		<b>Transaction ID:</b> 14812683	
City State Zip Code Coeur D Alene ID 83814-2611	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kootenai Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Victoria A Alexander		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address P O Box 700		<b>Transaction ID:</b> 14812684	
City State Zip Code Salmon ID 83467-0700	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Steele Memorial Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Steven A. Millard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 615 N. 7th Street		<b>Transaction ID:</b> 14812685	
City State Zip Code Eagle ID 83702-5502	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Idaho Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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 81 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Patrick M Hermanson, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 651 Memorial Drive		<b>Transaction ID:</b> 14812686
City State Zip Code Pocatello ID 83201-4071	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Portneuf Medical Center	Occupation President and 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>B.</b> Ms. Geri Garten		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address HCR 85 Box 289		<b>Transaction ID:</b> 14812687
City State Zip Code Bonners Ferry ID 83805-9612	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Boundary Community Hospital	Occupation Director of Nursing	
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>C.</b> Ms. Sheryl Rickard		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address Box 1448		<b>Transaction ID:</b> 14812688
City State Zip Code Sandpoint ID 83864-0877	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bonner General 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 82 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Craig A Johnson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 6640 Kaniksu Street		<b>Transaction ID:</b> 14812689
City State Zip Code Bonners Ferry ID 83805-7532	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Boundary Community Hospital	Occupation Chief Executive Officer and Chief Financial 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>B.</b> Ms. Gary L. Fletcher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 1249 Harcourt Drive		<b>Transaction ID:</b> 14812690
City State Zip Code Boise ID 83702-1839	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Luke's Regional Medical Center	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>C.</b> Mr Tom Legel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 2003 Lincoln Way		<b>Transaction ID:</b> 14812691
City State Zip Code Coeur D' Alene ID 83814-2677	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kootenai Medical Center	Occupation Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 83 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Susan Kunz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 120 East Howard Street		<b>Transaction ID:</b> 14812704
City State Zip Code Driggs ID 83422-5112	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Teton Valley Hospital and Surgicenter	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>B.</b> Mr Kenneth L Harman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 528 Teton Drive		<b>Transaction ID:</b> 14812705
City State Zip Code Burley ID 83318-2850	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cassia Regional Medical Center	Occupation Director	
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>C.</b> Dr Terry Sinclair, , M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address P O Box 3340		<b>Transaction ID:</b> 14822217
City State Zip Code Winchester VA 22604-1334	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Winchester Medical Center	Occupation Senior Vice President Medical Staff Af	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 84 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. W Scott Burnett		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 512 Binford Street		<b>Transaction ID:</b> 14822252
City State Zip Code South Hill VA 23970-1510	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Community Memorial Health-center	Occupation Chief Executive Officer President	
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>B.</b> Mr. William W. Semones		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address 2109 Link Road		<b>Transaction ID:</b> 14822261
City State Zip Code Lynchburg VA 24503-3031	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Centra Health	Occupation Vice President	
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>C.</b> Dr. Edward G Murphy, , M.D.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address P O Box 13367		<b>Transaction ID:</b> 14822818
City State Zip Code Roanoke VA 24033-3367	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carilion Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 85 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1034595119794 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726219794 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Jellen Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1113464219794 Amount of Each Receipt this Period 25.00 P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Section Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Ms. Sohini Jindal</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 325 Seventh Street, NW		<b>Transaction ID: PR1125613619794</b>		
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00			

Full Name (Last, First, Middle Initial) <b>B. Mr. Davon Gray</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: PR1143013019794</b>		
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 21.74		P/R Deduction (\$10.87 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer American Hospital Association-Washingt	Occupation Legislative Assistant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 228.27			

Full Name (Last, First, Middle Initial) <b>C. Ms. Michelle Marie Mathy</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1660 Lanier Place NW Apt. 309		<b>Transaction ID: PR1300853719794</b>		
City State Zip Code Washington DC 20009-2947	Amount of Each Receipt this Period _____ 20.84		P/R Deduction (\$10.42 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer American Hospital Association-Washingt	Occupation Project Manager/PAC Coordinator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 229.24			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>82.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 87 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Emily Claire Francis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1315883919794	
Mailing Address 1200 North Veitch Street Apt. 1023		Amount of Each Receipt this Period 19.24	
City Arlington      State VA      Zip Code 22201-5818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Project Manager	Aggregate Year-to-Date ▼ 230.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$9.62 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1339349919794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 120.00	
City Chicago      State IL      Zip Code 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association Occupation Account Executive	Aggregate Year-to-Date ▼ 1380.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$60.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Frances Margolin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1347702719794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 50.00	
City Chicago      State IL      Zip Code 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago Occupation Vice President, Operatinos HRET	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	189.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# 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 88 / 130
	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
Mailing Address One North Franklin		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Chicago IL 60606-3436	<b>Transaction ID:</b> PR1347703419794	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.32
Name of Employer American Hospital Association-Chicago	Occupation VP, Operations and Account Services	P/R Deduction (\$13.16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.72	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
Mailing Address One North Franklin		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Chicago IL 60606-3436	<b>Transaction ID:</b> PR1347703619794	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt
Mailing Address One North Franklin		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Chicago IL 60606-3436	<b>Transaction ID:</b> PR1347791019794	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.32
Name of Employer American Hospital Association-Chicago	Occupation Director of Operations, AONE	P/R Deduction (\$13.16 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>102.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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 89 / 130
	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327629119794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 90.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President Federal Relations	Aggregate Year-to-Date ▼ 990.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727319794
Mailing Address 107 East Lane		Amount of Each Receipt this Period 100.00
City Lake Barrington State IL Zip Code 60010-1939	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745919794
Mailing Address 11004 Petersborough		Amount of Each Receipt this Period 100.00
City Rockville State MD Zip Code 20852-3249	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	290.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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 90 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael P. McCue		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327771619794	
Mailing Address 122 N. Greenwood Ave.		Amount of Each Receipt this Period 26.32	
City State Zip Code Park Ridge IL 60068-3227	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago	Occupation Senior Staff Specialist	P/R Deduction (\$13.16 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.72		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Suzanne R. Sonik		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327777219794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 25.00	
City State Zip Code Chicago IL 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago	Occupation Director, Long-Term Care	P/R Deduction (\$12.50 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Debra J. Stock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327777819794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 20.00	
City State Zip Code Chicago IL 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	71.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 91 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Neil J. Jesuele		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327801719794	
Mailing Address 1003 Kimberly Place		Amount of Each Receipt this Period 50.00	
City State Zip Code Great Falls VA 22066-1546	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327812019794	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00	
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1135.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert J. Donovan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327846219794	
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 19.24	
City State Zip Code Chicago IL 60606	FEC ID number of contributing federal political committee. C		P/R Deduction (\$9.62 Bi-W-ekly)
Name of Employer American Hospital Associa-tion-Chicago	Occupation Vice President, Meetings & Travel Serv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	149.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 130						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327851919794	
Mailing Address 2401 Calvert Street, NW Apt. 1008		Amount of Each Receipt this Period 50.00	
City Washington State DC Zip Code 20008-2614	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858019794	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Executive Director, AHAPAC	Aggregate Year-to-Date ▼ 960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327877819794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 86.98	
City Millis State MA Zip Code 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ 913.29		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$43.49 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	216.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# 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 93 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. George F. Bergstrom		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327895719794
Mailing Address One North Franklin		Amount of Each Receipt this Period 50.00
City State Zip Code Chicago IL 60606-3436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President	Aggregate Year-to-Date 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James Henderson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328094119794
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 25.00
City State Zip Code Chicago IL 60606	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation VP, Corporate Counsel	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Richard J Umbdenstock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328132819794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 90.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation President	Aggregate Year-to-Date 990.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	165.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 94 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Barbara Lorschach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136919794
Mailing Address 204 South 7th Avenue		Amount of Each Receipt this Period 100.00
City State Zip Code La Grange IL 60525-6406	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Donna J. Melkonian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223819794
Mailing Address 5545 N. Wayne		Amount of Each Receipt this Period 50.00
City State Zip Code Chicago IL 60640-1318	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224919794
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 100.00
City State Zip Code Silver Spring MD 20906	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A.</b> Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260919794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Executive Vice President	Aggregate Year-to-Date ▼ 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310419794
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 100.00
City Arnold State MD Zip Code 21012-2126	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312719794
Mailing Address 1001 N. Potomac St.		Amount of Each Receipt this Period 100.00
City Arlington State VA Zip Code 22205-1629	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341819794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328490119794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 21.74
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.87 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.27	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511819794
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 95.20
City Yardley State PA Zip Code 19067-5736	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$47.60 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	196.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# 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 97 / 130
	<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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alicia N. Mitchell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512019794	
Mailing Address 909 N. Madison St.		Amount of Each Receipt this Period 40.00	
City Arlington	State VA	Zip Code 22205-1655	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rebecca Chickey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329013419794	
Mailing Address AHA One North Franklin Street		Amount of Each Receipt this Period 50.00	
City Chicago	State IL	Zip Code 60606	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Director, Psychiatric and Substance Ab		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John R. Combes, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329071319794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 100.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation President & COO, Leadership & Business		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Ms. Robyn Cooke</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: PR329084419794</b>		
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 43.48		P/R Deduction (\$21.74 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Executive Br Aggregate Year-to-Date ▼ _____ 456.54		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Mr. W. Thomas Deweese</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 500 Interstate Boulevard South		<b>Transaction ID: PR329215719794</b>		
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period _____ 100.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer American Hospital Association-Chicago Occupation Regional Executive Aggregate Year-to-Date ▼ _____ 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Mr. John Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address One North Franklin Street		<b>Transaction ID: PR329342619794</b>		
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period _____ 25.00		P/R Deduction (\$12.50 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer American Hospital Association-Chicago Occupation CFO Aggregate Year-to-Date ▼ _____ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>168.48</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 99 / 130
	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329654219794	
Mailing Address 1136 W. Farwel Unit 1W		Amount of Each Receipt this Period 25.00	
City Chicago	State IL	Zip Code 60626-3861	P/R Deduction (\$12.50 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 225.00	
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, ASDVS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330343319794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 20.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 240.00	
Name of Employer American Hospital Association-Chicago	Occupation Executive Services Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330411619794	
Mailing Address One North Franklin		Amount of Each Receipt this Period 50.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 450.00	
Name of Employer American Hospital Association-Chicago	Occupation Associate Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 100 / 130
	<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"/>	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475419794	
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 80.00	
City State Zip Code Apple Valley MN 55124-9229	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330534319794	
Mailing Address 6109 North 9th Road		Amount of Each Receipt this Period 50.00	
City State Zip Code Arlington VA 22205-1609	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547719794	
Mailing Address 530 North Lakeshore Drive Unit 2303		Amount of Each Receipt this Period 40.00	
City State Zip Code Chicago IL 60611-7424	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 101 / 130
	<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)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR330549219794 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR330776119794 Amount of Each Receipt this Period 21.72 P/R Deduction (\$21.74 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation V.P., Advocacy & Member Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq. Mailing Address 1101 N. Kentucky Street City Arlington State VA Zip Code 22205-3515 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR331278819794 Amount of Each Receipt this Period 31.26 P/R Deduction (\$15.63 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.82		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>92.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 102 / 130
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Darlene S. Vanderbush		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331304219794
Mailing Address 26 West Glendale Ave		Amount of Each Receipt this Period 38.48
City State Zip Code Alexandria VA 22301-2402	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Public Policy Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.74	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Jo Ann Webb		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331379119794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 25.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer American Organization of Nurse Executi	Occupation Director, Federal Relations & Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Judy Weinsheimer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331386919794
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 25.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	88.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 103 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr. Mailing Address PO Box 15587 City Austin State TX Zip Code 78761-5587 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR331416019794 Amount of Each Receipt this Period 120.00 P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer American Hospital Association Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1437.69		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church State VA Zip Code 22046-2613 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR331533219794 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR346168119794 Amount of Each Receipt this Period 41.66 P/R Deduction (\$20.83 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHRM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.26		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>241.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 104 / 130
	<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	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517619719794	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 78.40	
City Washington      State DC      Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Director Executive Branch Relat Aggregate Year-to-Date ▼ 921.60		
		P/R Deduction (\$39.20 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR766023719794	
Mailing Address 606 South Royal Street		Amount of Each Receipt this Period 38.48	
City Alexandria      State VA      Zip Code 22314-4142	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Director, Policy Aggregate Year-to-Date ▼ 423.26		
		P/R Deduction (\$19.24 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR876637219794	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 20.00	
City Washington      State DC      Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Director Aggregate Year-to-Date ▼ 240.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	136.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**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 105 / 130		
	<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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Director of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR936292319794

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. David A. Strickland

Mailing Address One N. Franklin Street

City Chicago State IL Zip Code 60606

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

Name of Employer American Organization of Nurse Executi Occupation Director of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR939603919794

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$12.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	96312.03

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

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 130  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
73000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

**Transaction ID:** 14724054

Amount of Each Receipt this Period  
15000.00

**B.** Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
156000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

**Transaction ID:** 14729700

Amount of Each Receipt this Period  
20000.00

**C.** Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
130000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

**Transaction ID:** 14730341

Amount of Each Receipt this Period  
30000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	65000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 107 / 130	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3873.71

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 14820722

Amount of Each Receipt this Period  
429.06

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	429.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	429.06

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 108 / 130

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> 14820717 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address Ste. 001		Amount of Each Disbursement this Period 4.50
City Chicago State IL Zip Code 60679	Merchant Fees	
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> 14820719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address Ste. 001		Amount of Each Disbursement this Period 49.42
City Chicago State IL Zip Code 60679	Merchant Fees	
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Merchant Bankcard</b>		<b>Transaction ID:</b> 14820720 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 80.03
City Dallas State TX Zip Code 75201	Merchant Fees	
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	133.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 109 / 130

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial)		Transaction ID: 14820721																					
A. Merchant Bankcard		Date of Disbursement																					
Mailing Address 1601 Elm Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	6	/	2	0	0	7														
City Dallas	State TX	Zip Code 75201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Fees		001 Category/ Type	141.77																				
Candidate Name			Merchant Fees																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: 14823171																					
B. Citibank, F.S.B.		Date of Disbursement																					
Mailing Address 1400 G Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	0	/	2	0	0	7														
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fee		001 Category/ Type	85.70																				
Candidate Name			Bank Fee																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional) ..... ►

227.47

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

361.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Robert Wexler For Congress Committee</b>		<b>Transaction ID:</b> 14745317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 810669		Amount of Each Disbursement this Period 1000.00 Contribution
City Boca Raton State FL Zip Code 33431	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robert Wexler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Lewis For Congress</b>		<b>Transaction ID:</b> 14745309 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 1000.00 Contribution
City Atlanta State GA Zip Code 30331	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Berman For Congress</b>		<b>Transaction ID:</b> 14745319 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2000.00 Contribution
City Los Angeles State CA Zip Code 90048	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Howard L. Berman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. TOMPAC-Together for Our Majority PAC</b>		<b>Transaction ID:</b> 14745306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 16488		Amount of Each Disbursement this Period 1500.00
City Arlington State VA Zip Code 22215	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

2007 Contribution

Full Name (Last, First, Middle Initial) <b>B. Jo Bonner For Congress Committee</b>		<b>Transaction ID:</b> 14745313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 1000.00
City Mobile State AL Zip Code 36685	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jo Bonner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 1		

Contribution

Full Name (Last, First, Middle Initial) <b>C. Turner For Congress</b>		<b>Transaction ID:</b> 14745315 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 131 N. Ludlow Street Suite 317		Amount of Each Disbursement this Period 1000.00
City Dayton State OH Zip Code 45402	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael R. Turner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 3		

Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Tom Feeney For Congress</b>		<b>Transaction ID:</b> 14745314 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period 1000.00 Contribution
City Oviedo State FL Zip Code 32765	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Tom Feeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Dole Committee Inc</b>		<b>Transaction ID:</b> 14745308 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 1000.00 Contribution
City Raleigh State NC Zip Code 27602	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Elizabeth Dole		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The 13th Colony Leadership Committee, In</b>		<b>Transaction ID:</b> 14745307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address PO Box 114		Amount of Each Disbursement this Period 1000.00 2007 Contribution
City Savannah State GA Zip Code 31402	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Warner</b>		<b>Transaction ID:</b> 14745318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 201 N. Union Street Suite 350		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Mark Warner		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 0
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Poe For Congress</b>		<b>Transaction ID:</b> 14745316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 14222		Amount of Each Disbursement this Period 1000.00
City Humble State TX Zip Code 77347	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Ted Poe		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Capuano For Congress Committee</b>		<b>Transaction ID:</b> 14745335 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 440305		Amount of Each Disbursement this Period 1000.00
City Somerville State MA Zip Code 02144	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Michael E. Capuano		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Committee To Re-Elect Nydia M. Velazquez To Congre</b>		<b>Transaction ID: 14745486</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1000.00 Contribution
City Gaithersburg State MD Zip Code 20878	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Nydia M. Velazquez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Solis For Congress</b>		<b>Transaction ID: 14745491</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00 Contribution
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Hilda L. Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Stephanie Tubbs Jones For U.S. Congress</b>		<b>Transaction ID: 14745329</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00 Contribution
City University Heights State OH Zip Code 44118	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Stephanie Tubbs Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mike Ferguson for Congress</b>		Transaction ID: 14745328 Date of Disbursement 11 / 12 / 2007
Mailing Address 340 North Ave E Ste. 6		Amount of Each Disbursement this Period 1000.00
City Cranford State NJ Zip Code 07016	Purpose of Disbursement Contribution Contribution Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>B. Judy Biggert For Congress</b>		Transaction ID: 14745325 Date of Disbursement 11 / 12 / 2007
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement Contribution Contribution Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>C. Blumenauer For Congress</b>		Transaction ID: 14745474 Date of Disbursement 11 / 12 / 2007
Mailing Address 830 NE Holladay Suite 105		Amount of Each Disbursement this Period 500.00
City Portland State OR Zip Code 97232	Purpose of Disbursement Contribution Contribution Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Blumenauer For Congress</b>		<b>Transaction ID:</b> 14745475 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 830 NE Holladay Suite 105		Amount of Each Disbursement this Period 500.00
City Portland State OR Zip Code 97232	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 3		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Schiff For Congress</b>		<b>Transaction ID:</b> 14745490 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 777 S. Figueroa St. Suite 4050		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90017	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Boozman For Congress</b>		<b>Transaction ID:</b> 14745476 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00
City Rogers State AR Zip Code 72757	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John N. Boozman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 3		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Dutch Ruppensberger For Congress</b>		<b>Transaction ID:</b> 14745473 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 22 West Padonia Road Suite C-141		Amount of Each Disbursement this Period 1000.00 Contribution
City Timonium State MD Zip Code 21093	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. C.A. Dutch Ruppensberger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HALPAC-Help America's Leaders PAC</b>		<b>Transaction ID:</b> 14745321 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 1000.00 2007 Contribution
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Committee To Elect Artur Davis To Congress</b>		<b>Transaction ID:</b> 14745484 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 1000.00 Contribution
City Birmingham State AL Zip Code 35201	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Artur Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends Of Jim Marshall</b>		<b>Transaction ID:</b> 14745479 Date of Disbursement 11 / 12 / 2007
Mailing Address 586 Orange Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Macon State GA Zip Code 31201	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jim Marshall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Price For Congress</b>		<b>Transaction ID:</b> 14745494 Date of Disbursement 11 / 12 / 2007
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1500.00 Contribution
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas E. Price, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Price For Congress</b>		<b>Transaction ID:</b> 14821859 Date of Disbursement 11 / 12 / 2007
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 500.00 Contribution
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas E. Price, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Stephanie Herseth Sandlin for South Dakota</b>		<b>Transaction ID:</b> 14745332 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00 Contribution
City Sioux Falls State SD Zip Code 57101	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Stephanie Herseth Sandlin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. To Organize a Majority PAC</b>		<b>Transaction ID:</b> 14745320 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 752		Amount of Each Disbursement this Period 5000.00 2007 Contribution
City Des Moines State IA Zip Code 50303	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bilirakis For Congress</b>		<b>Transaction ID:</b> 14745333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 610 S. Boulevard		Amount of Each Disbursement this Period 1000.00 Contribution
City Tampa State FL Zip Code 33606	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Gus Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Bob Casey for Senate Committee</b>		<b>Transaction ID:</b> 14745492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 607 14th Street NW #800		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	2012 Contribution	
Purpose of Disbursement 2012 Contribution Candidate Name Mr. Bob Casey Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:		011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. David Davis Victory Fund</b>		<b>Transaction ID:</b> 14745481 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 2016 Northwood Drive		Amount of Each Disbursement this Period 1000.00
City Johnson City State TN Zip Code 37601	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. David Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 1		011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. Arcuri For Congress</b>		<b>Transaction ID:</b> 14745322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00
City Utica State NY Zip Code 13505	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24		011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Dirigo PAC</b>		<b>Transaction ID:</b> 14757516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 1355		Amount of Each Disbursement this Period -5000.00
City Alexandria State VA Zip Code 22313	Void of 4/07 check 011 Category/Type	
Purpose of Disbursement Void of 4/07 check		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name State: District:	Void of 4/07 check	

Full Name (Last, First, Middle Initial) <b>B. Keep Nick Rahall In Congress Committee</b>		<b>Transaction ID:</b> 14757475 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address P O Box 64		Amount of Each Disbursement this Period 3500.00
City Beckley State WV Zip Code 25802	Contribution 011 Category/Type	
Purpose of Disbursement Contribution		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name Rep. Nick J. Rahall, II State: WV District: 3	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 14757487 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 500.00
City Murfreesboro State TN Zip Code 37133	Contribution 011 Category/Type	
Purpose of Disbursement Contribution		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name Rep. Bart Gordon State: TN District: 6	Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 14757488 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1500.00 Contribution
City Murfreesboro State TN Zip Code 37133		
Purpose of Disbursement Contribution Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 6	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. People For English</b>		<b>Transaction ID:</b> 14757493 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 1000.00 Contribution
City Erie State PA Zip Code 16507		
Purpose of Disbursement Contribution Candidate Name Rep. Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 3	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Citizens For Bunning</b>		<b>Transaction ID:</b> 14757439 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 1000.00 2010 Contribution
City Ft Wright State KY Zip Code 41011		
Purpose of Disbursement 2010 Contribution Candidate Name Sen. Jim Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 1	011 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Joe Wilson For Congress Committee</b>		<b>Transaction ID: 14757473</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address Post Office Box 2145		Amount of Each Disbursement this Period 1000.00 Contribution
City West Columbia State SC Zip Code 29171	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Joe Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 2		

Full Name (Last, First, Middle Initial) <b>B. Gingrey For Congress</b>		<b>Transaction ID: 14757492</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00 Contribution
City Marietta State GA Zip Code 30060	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Phil Gingrey, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Dole Committee Inc</b>		<b>Transaction ID: 14757489</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 1000.00 Contribution
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Sen. Elizabeth Dole		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Dole Committee Inc</b>		Transaction ID: 14757490 Date of Disbursement 11 / 19 / 2007	
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 4000.00	
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Sen. Elizabeth Dole	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Geoff Davis For Congress</b>		Transaction ID: 14757499 Date of Disbursement 11 / 19 / 2007	
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 2000.00	
City Erlanger State KY Zip Code 41018	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. Geoffrey Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. James Webb For Senate</b>		Transaction ID: 14757432 Date of Disbursement 11 / 19 / 2007	
Mailing Address PO Box 17427		Amount of Each Disbursement this Period 1000.00	
City Arlington State VA Zip Code 22216	Purpose of Disbursement 2012 Contribution 011 Category/ Type	2012 Contribution	
Candidate Name Mr. James Webb	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of John Barrasso</b>		<b>Transaction ID:</b> 14757484 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 6896 Casper Mountain Road		Amount of Each Disbursement this Period 5000.00 Contribution
City Caster State WY Zip Code 82601	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name John Barrasso		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 0 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Latta for Congress Committee</b>		<b>Transaction ID:</b> 14757486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address 300 North Main Street		Amount of Each Disbursement this Period 1500.00 Contribution
City Bowling Green State OH Zip Code 43402	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Bob Latta		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5 Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Special General		

Full Name (Last, First, Middle Initial) <b>C. Rob Wittman For Congress</b>		<b>Transaction ID:</b> 14800442 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7
Mailing Address PO Box 999		Amount of Each Disbursement this Period 1000.00 Contribution
City Montross State VA Zip Code 22520	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Mr. Rob Wittman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 1 Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Special General		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Earl Pomeroy For Congress</b>		<b>Transaction ID:</b> 14800707 <b>Date of Disbursement</b> 11 / 27 / 2007
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 1000.00 Contribution
City Fargo State ND Zip Code 58106	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lot Of People For Dave Obey</b>		<b>Transaction ID:</b> 14800704 <b>Date of Disbursement</b> 11 / 27 / 2007
Mailing Address 525 Washington St		Amount of Each Disbursement this Period 1000.00 Contribution
City Wausau State WI Zip Code 54402	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. David R. Obey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Davis For Congress/Friends Of Davis</b>		<b>Transaction ID:</b> 14800751 <b>Date of Disbursement</b> 11 / 27 / 2007
Mailing Address 5956 W. Race Avenue		Amount of Each Disbursement this Period 2000.00 Contribution
City Chicago State IL Zip Code 60644	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Danny K. Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Jim Gerlach For Congress Committee</b>		<b>Transaction ID:</b> 14800705 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7
Mailing Address PO Box 87		Amount of Each Disbursement this Period 2000.00
City Uwchland State PA Zip Code 19480	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6		
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steve Rothman For New Jersey Inc.</b>		<b>Transaction ID:</b> 14802287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 714		Amount of Each Disbursement this Period 1000.00
City Hackensack State NJ Zip Code 07602	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 9		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Committee for a Progressive Congress</b>		<b>Transaction ID:</b> 14801638 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 555 New Jersey Avenue, NW, Suite 2		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	2007 Contribution	
Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. RED PAC</b>		Transaction ID: 14801409 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 437-B New Jersey Ave., SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2007 Contribution

Full Name (Last, First, Middle Initial) <b>B. Gillibrand For Congress</b>		Transaction ID: 14801900 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 1000.00
City Hudson State NY Zip Code 12534	Purpose of Disbursement Contribution Candidate Name Kirsten Gillibrand Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>C. Perlmutter For Congress</b>		Transaction ID: 14802349 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 2500.00
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement Contribution Candidate Name Mr. Edwin Perlmutter Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Berkley For Congress</b>		Transaction ID: 14824347 Date of Disbursement 11 / 30 / 2007
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period -2000.00
City Las Vegas State NV Zip Code 89121	Purpose of Disbursement Void of 10/07 Check 011 Category/Type	
Candidate Name Rep. Shelley Berkley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Void of 10/07 Check
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Berkley For Congress</b>		Transaction ID: 14824349 Date of Disbursement 11 / 30 / 2007
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period -500.00
City Las Vegas State NV Zip Code 89121	Purpose of Disbursement Void of 10/07 Check 011 Category/Type	
Candidate Name Rep. Shelley Berkley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Void of 10/07 Check
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Arcuri For Congress</b>		Transaction ID: 14823713 Date of Disbursement 11 / 30 / 2007
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period -2500.00
City Utica State NY Zip Code 13505	Purpose of Disbursement Void of 6/07 check 011 Category/Type	
Candidate Name Mr. Michael Arcuri	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Void of 6/07 check
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	70000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Fund for Political Education</b>		Transaction ID: 14810929 Date of Disbursement
Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Transfer to Administrative Account		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="250.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transfer to Administrative Account
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fund for Political Education</b>		Transaction ID: 14810930 Date of Disbursement
Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Transfer to Administrative Account		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="325.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transfer to Administrative Account
State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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