

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 Washington DC 20004 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2004 through 12 31 2004

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 06 29 2006

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
2	3

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	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>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		815395.81
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	301559.45									
(c) Total Receipts (from Line 19) .....	243195.55	1427030.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	544755.00	2242425.92								
7. Total Disbursements (from Line 31) .....	14169.88	1711840.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	530585.12	530585.12								
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
2	3

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	4

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	143210.28	539962.37
(i) Itemized (use Schedule A) .....	71295.11	418730.47
(ii) Unitemized .....	214505.39	958692.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	10000.00
(c) Other Political Committees (such as PACs) .....	219505.39	968692.84
(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 .....	21600.00	446524.04
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) .....	1838.94	1838.94
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	7158.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	251.22	2816.29
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)) .....	243195.55	1427030.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	243195.55	1427030.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	40.34	65757.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	40.34	65757.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13750.00	1527711.69
24. Independent Expenditure (use Schedule E) .....	0.00	117895.00
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 .....	379.54	379.54
(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)) .....	379.54	379.54
29. Other Disbursements.....	0.00	97.48
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))..	14169.88	1711840.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14169.88	1711840.80

**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) .....	219505.39	968692.84
34. Total Contribution Refunds (from Line 28(d)) .....	379.54	379.54
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	219125.85	968313.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40.34	65757.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1838.94	1838.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-1798.60	63918.15

# 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 / 181
	<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	

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. Matthew D. Williams		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 4	
Mailing Address 615 Elsinore Place		<b>Transaction ID:</b> 10458173	
City State Zip Code Cincinnati OH 45202-1459	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Catholic Healthcare Partners	Occupation VP, Advocacy and 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> Ms. Susan Makos		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 4	
Mailing Address 615 Elsinore Place		<b>Transaction ID:</b> 10458174	
City State Zip Code Cincinnati OH 45202-1459	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Catholic Healthcare Partners	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael J. Rock		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> 10474209	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 500.00		
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 ▼ 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 7 / 181
	<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. Anne E. Ubl		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 801 Pennsylvania Ave, NW #245		<b>Transaction ID:</b> 10474233
City State Zip Code Washington DC 20004-2615	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Federal Relations	
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. Skip Kriz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 2095 Lakeview Drive		<b>Transaction ID:</b> 10475997
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Gwen Dayton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 12781 SW Terraview Drive		<b>Transaction ID:</b> 10475998
City State Zip Code Tigard OR 97224-0703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Oregon Association of Hospitals & Heal	Occupation Vice President & General Counsel	
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 8 / 181
	<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. Kevin Earls</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 963 Parkway Drive NW		<b>Transaction ID: 10476003</b>	
City State Zip Code Salem OR 97304-3673	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oregon Association of Hospitals & Health Care	Occupation Vice President, Finance & Health Policy		
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. Terry O Finklein</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 33671 Rainbows End Lane		<b>Transaction ID: 10476005</b>	
City State Zip Code Warrenton OR 97146-7243	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. Mr. Jeffrey S Drop</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1601 SE Court Avenue		<b>Transaction ID: 10476006</b>	
City State Zip Code Pendleton OR 97801-3297	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Anthony 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) ..... ▶	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 9 / 181
	<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. Scott Peek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address P O Box 639		<b>Transaction ID:</b> 10476825
City State Zip Code Danville AR 72833-0639	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Chambers Memorial Hospital	Occupation Chief Executive Officer and Chief Fina	
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. Barry Pipkin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 21 Bridgeway Road		<b>Transaction ID:</b> 10476826
City State Zip Code North Little Rock AR 72113-9516	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer BridgeWay	Occupation Chief Executive Officer and Managing D	
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. Wayne Girffith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 100 Medical Center Drive		<b>Transaction ID:</b> 10478998
City State Zip Code Hazard KY 41701-9429	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Regional Medical Center of Hopkins Cou	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<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 10 / 181
	<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. Christopher Hartley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 114 woodland Street		<b>Transaction ID:</b> 10492378
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 Sr 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. Christopher Dadlez		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 893 Farmington Avenue		<b>Transaction ID:</b> 10492380
City State Zip Code West Hartford CT 06119-1445	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 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.</b> Ms. Elizabeth T. Beaudin, RN, MS, CN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 69 Day Street		<b>Transaction ID:</b> 10492382
City State Zip Code Granby CT 06035-2901	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, Nursing & Work Force Initiat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.00	

<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 11 / 181
	<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. Richard A Brvenik, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 72 Chatham Drive		<b>Transaction ID:</b> 10492383	
City State Zip Code Storrs Mansfield CT 06268-2761	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 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. Patricia A. Evans		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 545 Park Road		<b>Transaction ID:</b> 10492384	
City State Zip Code Middlebury CT 06706-1238	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 Government Relations & Grant Manager		
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. Brian Rogoz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 81 Meriden Avenue		<b>Transaction ID:</b> 10492385	
City State Zip Code Southington CT 06489-3297	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 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>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 12 / 181
	<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. Linda Berger Spivack</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 435 Lewis Avenue		<b>Transaction ID: 10492386</b>	
City State Zip Code Meriden CT 06451-2101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MidState Medical Center	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John H Tobin</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 64 Robbins Street		<b>Transaction ID: 10492387</b>	
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. Mr. Laurence A Tanner</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address P O Box 100		<b>Transaction ID: 10492388</b>	
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 New Britain General 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) ..... ▶	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 13 / 181
	<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	

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. David R Newton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address P O Box 100		<b>Transaction ID:</b> 10492389
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. C		
Name of Employer New Britain General Hospital	Occupation Senior Vice President Finance and Chief	
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. Marc H Lory		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1350 Campus Parkway		<b>Transaction ID:</b> 10492390
City State Zip Code Neptune NJ 7753	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Meridian Health	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>C.</b> Mr. J Kevin Kinsella		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address P O Box 5037		<b>Transaction ID:</b> 10492392
City State Zip Code Hartford CT 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	

<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 14 / 181
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert Gerard Kiely		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 14 Waterbury Avenue		<b>Transaction ID:</b> 10492393
City State Zip Code Madison CT 06443-3205	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> Mr. Gayle Capozzalo		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 20 York Street		<b>Transaction ID:</b> 10492394
City State Zip Code New Haven CT 06510-3220	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Yale-New Haven Hospital	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Lawrence A. Bass		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 925 Glenhaven		<b>Transaction ID:</b> 10492410
City State Zip Code East Lansing MI 48823-3056	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sparrow Health System	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) ..... ▶	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 15 / 181
	<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. William G. Flynn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 41 Shannon Way		<b>Transaction ID:</b> 10510930	
City State Zip Code Lancaster MA 01523-2952	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts Hospital Association	Occupation Executive Vice President & COO		
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. Candice Saunders		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 3300 Gallows Road		<b>Transaction ID:</b> 10512014	
City State Zip Code Falls Church VA 22042-3307	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Fairfax Hospital	Occupation Assistant Vice President and Chief Operating 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>C.</b> Ms. Elise Venusti		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1511 Granch Church Road		<b>Transaction ID:</b> 10512020	
City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Alexandria Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<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 16 / 181
	<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. Mary Taylor</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 6558 Bermuda Green Court		<b>Transaction ID: 10512021</b>	
City State Zip Code Alexandria VA 22312-3102	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Senior Director		
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. Mr. Glenn Zirbser</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 2310 14th Street N Apt 404		<b>Transaction ID: 10512033</b>	
City State Zip Code Arlington VA 22201-5873	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Health System	Occupation Sr. Director of Finance		
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. Mr. Douglas P Cropper</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 4032 Hunt Road		<b>Transaction ID: 10512034</b>	
City State Zip Code Fairfax VA 22032-1458	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Fairfax Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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: <span style="float: right;">PAGE 17 / 181</span>
	(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 <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. Burce A. Wearness</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 10020 Park Royal Drive		<b>Transaction ID: 10512037</b>	
City State Zip Code Great Falls VA 22066-1847	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Fair Oaks Hospital	Occupation Chairman		
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. Ms. Cheryl Ricciardi</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 15218 Philip Lee Road		<b>Transaction ID: 10512038</b>	
City State Zip Code Chantilly VA 20151-1309	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Fair Oaks Hospital	Occupation Director, Case Management		
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. Ms. Susan A Erickson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 700 Suftside Avenue		<b>Transaction ID: 10512044</b>	
City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bon Secours-DePaul Medical Center	Occupation Executive Vice President and Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 / 181
	<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 K Overton, , R.N.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 500 Hospital Drive		<b>Transaction ID:</b> 10512045
City State Zip Code Warrenton VA 20186-3099	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fauquier Hospital	Occupation Vice President Patient Services	
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. John L Fitzgerald		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 3600 Joseph Siewick Drive		<b>Transaction ID:</b> 10513513
City State Zip Code Fairfax VA 22033-1798	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Fair Oaks Hospital	Occupation Vice President and Administrator	
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.</b> Mr. Gregory Burfitt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 3685 Paces Ferry Road		<b>Transaction ID:</b> 10513515
City State Zip Code Atlanta GA 30327-3001	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Health System	Occupation Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 19 / 181
	<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. Stephen Cumbie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 837 Mackall Drive		<b>Transaction ID:</b> 10513516	
City McLean	State VA	Zip Code 22101-1615	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Health System	Occupation Manager & 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>B.</b> Mr. Warren E Callaway, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 142 South Main Street		<b>Transaction ID:</b> 10513524	
City Danville	State VA	Zip Code 24541-2922	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Danville 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 ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Shannon Sinclair		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 100 West Braddock Road		<b>Transaction ID:</b> 10513531	
City Alexandria	State VA	Zip Code 22301-2146	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Health System	Occupation Vice President/General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 20 / 181
	<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. Russell Seneca		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 3300 Gallows Road		<b>Transaction ID:</b> 10513533
City State Zip Code Falls Church VA 22042-3307	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Fairfax Hospital	Occupation Chairman, Dept. Surgery	
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. Christopher S. Bailey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 2814 Northlake Drive		<b>Transaction ID:</b> 10515679
City State Zip Code Richmond VA 23233-3320	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Virginia Hospital & Health-care Associa	Occupation Senior Vice President	
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> Mr. Maureen Moyer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 310 32nd Street South		<b>Transaction ID:</b> 10515681
City State Zip Code Purcellville VA 20132-3222	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Inova Health System	Occupation Director, Corporate Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 / 181
	<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. Adrian Stanton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 5013 Fleming Drive		<b>Transaction ID:</b> 10515690	
City State Zip Code Annandale VA 22003-4110	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Fairfax Hospital	Occupation Sr. Director		
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. Xavier Richardson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1001 Sam Perry Boulevard		<b>Transaction ID:</b> 10515712	
City State Zip Code Fredericksburg VA 22401-3354	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mary Washington Hospital	Occupation Executive Vice President Corporate Dev		
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> Mr. Rodney Huebbers		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 17646 Stonegait Court		<b>Transaction ID:</b> 10515719	
City State Zip Code Round Hill VA 20141-2264	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Inova Loudoun Hospital	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 / 181
	<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. Doris Ferullo Mailing Address 4 Willow Street City Middleton State MA Zip Code 01949-2302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10515756</b> Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts Hospital Association Occupation Vice President, Administration & Finan 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. Edward Andersen Mailing Address 100 East LeFevre Road City Sterling State IL Zip Code 61081-1279 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10516463</b> Amount of Each Receipt this Period 187.50
Name of Employer CGH 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 ▼ 312.50		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Matthew J. Angela Mailing Address 1151 East Warrenville Rd. City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10516464</b> Amount of Each Receipt this Period 125.00
Name of Employer Illinois Hospital Association Occupation Manager 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>562.50</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 23 / 181
	(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	<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. Ms. Lindsey Artola</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 19065 Hickory Creek Dr, 300		<b>Transaction ID: 10516465</b>	
City State Zip Code Mokena IL 60448	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Provena Health	Occupation System Director Community and Ministry		
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 E Baker</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 800 NE Glen Oak Avenue		<b>Transaction ID: 10516466</b>	
City State Zip Code Peoria IL 61603-3200	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OSF Healthcare System	Occupation Chief Financial 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. Woodrow Turner, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 34876 Sunny Ridge Road		<b>Transaction ID: 10516469</b>	
City State Zip Code Round Hill VA 20141-2303	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Loudoun Hospital	Occupation Corporate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	675.00
<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 / 181
	<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 H Baker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 6886 Wellhouse Drive		<b>Transaction ID:</b> 10516500
City State Zip Code Warrenton VA 20187-9269	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fauquier 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Stephen Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 4612 Foxhall		<b>Transaction ID:</b> 10518201
City State Zip Code Springfield IL 62707-6701	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. John'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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. B. Bradford Billings		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 2829 Cheswick Rd.		<b>Transaction ID:</b> 10518202
City State Zip Code Quincy IL 62301-6380	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blessing 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) ..... ▶	800.00
<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 25 / 181
	<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. John Bomher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 E. Warrenville Road		Transaction ID: 10518203	
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association	Occupation VP, Associate 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> Mr. Richard J Carlson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 628 Old Tippecanoe		Transaction ID: 10518205	
City State Zip Code Springfield IL 62707-8226	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. John's Hospital	Occupation Executive Vice President and 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>C.</b> Mr. Leo F Childers, Jr., FAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 605 North 12th Street		Transaction ID: 10518207	
City State Zip Code Mount Vernon IL 62864-2899	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Good Samaritan Regional Health Center	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) ..... ▶	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 26 / 181
	<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. Danny Chun		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 303 North Oak Park Avenue		<b>Transaction ID:</b> 10518208
City State Zip Code Oak Park IL 60302-2189	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Vice President, Communications	
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) Mr. Robert T. Clarke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 800 North Rutledge Street		<b>Transaction ID:</b> 10518209
City State Zip Code Springfield IL 62781-0002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Timothy W Cook		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 120 North Oak		<b>Transaction ID:</b> 10518210
City State Zip Code Hinsdale IL 60521-3829	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer La Grange 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 ▼ 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 27 / 181
	<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. Clifford L Corbett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 150 West High Street		<b>Transaction ID:</b> 10518211	
City State Zip Code Morris IL 60450-1497		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Morris 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 ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Norman Deets		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address Rt. 1, Box 71		<b>Transaction ID:</b> 10518212	
City State Zip Code Milledgeville IL 61051-9801		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CGH Medical Center Administrator			
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. Kathleen Dunn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 700 South Second Street		<b>Transaction ID:</b> 10518213	
City State Zip Code Springfield IL 62704-2516		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Illinois Hospital Association Assistant VP, Gov't 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) ..... ▶	875.00
<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 28 / 181
	<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. Jeffrey L Durham		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 28 Chick Street		<b>Transaction ID:</b> 10518214	
City State Zip Code Metropolis IL 62960-2467	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Massac 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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Susan Ehlers		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 920 W. Oakview		<b>Transaction ID:</b> 10518215	
City State Zip Code Peoria IL 61615-1320	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	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> Dr. Patrick Elwood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1628 W. Moss Avenue		<b>Transaction ID:</b> 10518216	
City State Zip Code Peoria IL 61606-1641	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<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 / 181
	<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. Anthony Filer Mailing Address 19065 Hickory Creek Dr, 300 City Mokena State IL Zip Code 60448 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10518217</b> Amount of Each Receipt this Period 125.00
Name of Employer Provena Health 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		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. David S. Fox Mailing Address 3815 Highland Avenue City Downers Grove State IL Zip Code 60515-1500 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10518218</b> Amount of Each Receipt this Period 250.00
Name of Employer Central DuPage 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>C.</b> Full Name (Last, First, Middle Initial) Mr. Willis F Fry Mailing Address 925 West Street City Peru State IL Zip Code 61354-2799 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10518219</b> Amount of Each Receipt this Period 125.00
Name of Employer Illinois Valley Community Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</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 30 / 181
	<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. William Gorski, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1400 Charles Street		<b>Transaction ID:</b> 10518220
City State Zip Code Rockford IL 61104-2224	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SwedishAmerican Hospital	Occupation 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.</b> Dr. R.M. Guley, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 9836 Thousand Oaks Court		<b>Transaction ID:</b> 10518221
City State Zip Code Peoria IL 61615-4311	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OSF Saint Francis Medical Center	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. James M Hayes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 200 Health Care Drive		<b>Transaction ID:</b> 10518222
City State Zip Code Greenville IL 62246-1156	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Edward A. Utlaut 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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	425.00
<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 / 181
	<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. Forrest G Hester		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address Post Office Box 569		<b>Transaction ID:</b> 10518223
City State Zip Code Lincoln IL 62656-0569	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Abraham Lincoln 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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Hettenhausen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 701 North First Street		<b>Transaction ID:</b> 10518224
City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Medical Center	Occupation Manager of Therapy Services	
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. Stephen R Hopper		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 525 East Grant Street		<b>Transaction ID:</b> 10518225
City State Zip Code Macomb IL 61455-3318	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McDonough District 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) ..... ▶	375.00
<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 32 / 181
	<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. Mitchell Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 19 Wildwood Road		<b>Transaction ID:</b> 10518226	
City State Zip Code Springfield IL 62704-4359	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Memorial Health System	Occupation Sr Vice President, Marketing & Plannin		
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 V Kalsbeek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 800 NE Glen Oak Avenue		<b>Transaction ID:</b> 10518227	
City State Zip Code Peoria IL 61603-3200	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OSF Healthcare System	Occupation Director 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>C.</b> Ms. Colleen Kannaday		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 12935 South Gregory Street		<b>Transaction ID:</b> 10518228	
City State Zip Code Blue Island IL 60406-2428	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Francis Hospital and Health Cent	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) ..... ▶	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 / 181
	<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. William E Kessler, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1216 North Hanser Lane		<b>Transaction ID:</b> 10518229
City State Zip Code Godfrey IL 62035-1840	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Anthony's Health Center	Occupation 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) Mr. Jeffrey A. Kinniard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 231 Sauk Drive		<b>Transaction ID:</b> 10518230
City State Zip Code Batavia IL 60510-8660	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Illinois Hospital Association	Occupation Assistant Vice President, Marketing	
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. Sue Conley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1299 Bertha Howe Avenue P.O. Box 3540		<b>Transaction ID:</b> 10518231
City State Zip Code Mesquite NV 89024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mesa View Regional 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) ..... ▶	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 34 / 181
	(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. Dawn Ahner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 3696 Boreman Drive		<b>Transaction ID:</b> 10518233
City State Zip Code Reno NV 89511-6010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washoe 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>B.</b> Mr. James J. Kowalczyk		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1151 E. Warrenville Rd.		<b>Transaction ID:</b> 10518309
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Illinois 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gary M Krugel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 5145 North California Avenue		<b>Transaction ID:</b> 10518310
City State Zip Code Chicago IL 60625-3688	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Swedish Covenant Hospital	Occupation Senior Vice President Operations and C	
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) ..... ▶	625.00
<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 35 / 181
	(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. William B Leaver</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 2701 17th Street		<b>Transaction ID: 10518311</b>	
City State Zip Code Rock Island IL 61201-5351		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Trinity Medical Center-West		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 ▼ 252.50	

Full Name (Last, First, Middle Initial) <b>B. Dr. Sohee Lee</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 2015 W. Glen Avenue		<b>Transaction ID: 10518312</b>	
City State Zip Code Peoria IL 61614-4690		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer OSF Saint Francis 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. Dr. James Leonard, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1506 E. Golf Drive		<b>Transaction ID: 10518313</b>	
City State Zip Code Mahomet IL 61853		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Carle Foundation 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) ..... ▶	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 36 / 181
	<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. Brinsley B Lewis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 7617 Wakefield Drive		<b>Transaction ID:</b> 10518314
City State Zip Code Darien IL 60561-4321	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GlenOaks Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Ronald B McMullen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address One Memorial Drive		<b>Transaction ID:</b> 10518316
City State Zip Code Alton IL 62002-6722	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alton Memorial Hospital	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. Bruce Merrell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 400 North Pleasant Avenue		<b>Transaction ID:</b> 10518317
City State Zip Code Centralia IL 62801-3056	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Mary's Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<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 37 / 181
	<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. Dr. Tim C Miller, , M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 530 NE Glen Oak Avenue		<b>Transaction ID: 10518318</b>	
City State Zip Code Peoria IL 61637-0001		Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation OSF Saint Francis Medical Center Director Medical Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Dennis C Millirons</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 2000 C North Springview Drive		<b>Transaction ID: 10518319</b>	
City State Zip Code Kankakee IL 60901-2901		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Riverside 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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Cindy Munch</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 10658 East 1700 North Road		<b>Transaction ID: 10518320</b>	
City State Zip Code Pontiac IL 61764-3123		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation OSF Saint James - John W. Albrecht Med Assistant Administrator, Patient 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) ..... ▶	800.00
<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 38 / 181
	(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. David A. Nelson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1522 North Ashland Avenue		<b>Transaction ID:</b> 10518322
City State Zip Code River Forest IL 60305-1034	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Francis Hospital & Health 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>B.</b> Mr. Michael L. Nelson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1904 Montview		<b>Transaction ID:</b> 10518323
City State Zip Code Godfrey IL 62035-1615	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Anthony's Health Center	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. Mark Newton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 5145 North California		<b>Transaction ID:</b> 10518324
City State Zip Code Chicago IL 60625-3661	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Highland Park 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) ..... ▶	375.00
<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 39 / 181
	<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. David T Ochs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 2500 West Reynolds		<b>Transaction ID:</b> 10518325
City State Zip Code Pontiac IL 61764-2194	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OSF Saint James - John W. Albrecht Med	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1002.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James Owens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 5504 North Prospect Road		<b>Transaction ID:</b> 10518326
City State Zip Code Peoria Heights IL 61616-4322	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OSF Saint Francis 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. Keith Allen Page		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 14 Brandonwood		<b>Transaction ID:</b> 10518327
City State Zip Code O Fallon IL 62269-1208	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anderson 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 40 / 181
	<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. Paul Pawlak		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1200 Maple Road		<b>Transaction ID:</b> 10518328	
City State Zip Code Joliet IL 60432-1439	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Silver Cross 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>B.</b> Mr. William G Ries		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1410 N. Green Bay Road		<b>Transaction ID:</b> 10518329	
City State Zip Code Lake Forest IL 60045-1110	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lake Forest Hospital	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>C.</b> Mr. James M. Sanger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 20 Clear Lake		<b>Transaction ID:</b> 10518330	
City State Zip Code Centralia IL 62801-3720	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. 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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	875.00
<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 / 181
	<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. David A Schertz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 5666 East State Street		<b>Transaction ID:</b> 10518331	
City State Zip Code Rockford IL 61108-2472		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSF Saint Anthony Medical Center		Occupation Administrator	
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. Gerald Shaheen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 119 E. Pawnee Court		<b>Transaction ID:</b> 10518332	
City State Zip Code Peoria IL 61615-9700		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSF Saint Francis 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. Anthony Pfitzer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address Post Office Box 583		<b>Transaction ID:</b> 10518333	
City State Zip Code Litchfield IL 62056-0583		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Francis Hospital		Occupation Executive Vice President and Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<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 42 / 181
	<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. Terry S. Solem		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 333 North Madison Street		<b>Transaction ID:</b> 10518336	
City State Zip Code Joliet IL 60435-8200	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Provena St. Joseph Medical Center	Occupation Vice President HR		
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. Dave Storm		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 503 North Maple Street		<b>Transaction ID:</b> 10518337	
City State Zip Code Effingham IL 62401-2099	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Anthony's Memorial Hospital	Occupation Director Business Support		
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. Gerard D Robilotti		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 24 Hospital Avenue		<b>Transaction ID:</b> 10518515	
City State Zip Code Danbury CT 06810-6099	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Danbury Hospital	Occupation Executive 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) ..... ▶	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 43 / 181
	<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> Mrs. Joann Anderson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address Post Office Box 3535		<b>Transaction ID:</b> 10519820
City State Zip Code Pikeville KY 41502-3535	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Pikeville Medical Center 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. John Burgett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1 Trillium Way		<b>Transaction ID:</b> 10519821
City State Zip Code London KY 40701-8420	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Baptist Regional Medical Center Team Leader		
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> Mr. Rex A Tungate		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address P O Box 1269		<b>Transaction ID:</b> 10519825
City State Zip Code Columbia KY 42728-1269	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Westlake Regional Hospital 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) ..... ▶	1150.00
<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 44 / 181
	(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	<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. Todd C Linden Mailing Address 210 Fourth Avenue City State Zip Code Grinnell IA 50112-1886 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10519866</b> Amount of Each Receipt this Period 250.00
Name of Employer Grinnell 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 ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence L Swearingen Mailing Address P O Box 7005 City State Zip Code Quincy IL 62305-7005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10519897</b> Amount of Each Receipt this Period 250.00
Name of Employer Blessing 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) Ms. Susan Urso Mailing Address 1315 Memorial Drive City State Zip Code Mendota IL 61342-1496 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID: 10519898</b> Amount of Each Receipt this Period 125.00
Name of Employer Mendota Community Hospital 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) .....	<b>625.00</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 45 / 181
	<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. Dr. Robert Vautrain, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 701 North First Street		<b>Transaction ID: 10519899</b>	
City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Memorial Health System	Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.50		

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel J Woods</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 503 North Maple Street		<b>Transaction ID: 10519900</b>	
City State Zip Code Effingham IL 62401-2099	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Anthony's Memorial Hospital	Occupation Executive Vice President and Administrator		
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. Ms. Susan C Wozniak, R.N.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 530 NE Glen Oak Avenue		<b>Transaction ID: 10519901</b>	
City State Zip Code Peoria IL 61637-0001	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OSF Saint Francis 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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<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 46 / 181
	<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. Elaine L. Young		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 2712 Keats Drive		<b>Transaction ID:</b> 10519902
City State Zip Code Springfield IL 62707-5618	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 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 ▼ 252.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Julie Ayers		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 8538 Rockefeller Lane		<b>Transaction ID:</b> 10519959
City State Zip Code Sagamore Hills OH 44067-1080	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Healthcare Liability Consultants	Occupation Principal	
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. Andrew R McCulloch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1343 North Fountain Boulevard		<b>Transaction ID:</b> 10519961
City State Zip Code Springfield OH 45501-1380	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.00
<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 47 / 181
	<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. Douglas W McNeill, , FACHE Mailing Address 437 Vincent Court City Middletown State OH Zip Code 45042-4906 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4 <b>Transaction ID:</b> 10519962 Amount of Each Receipt this Period 250.00
Name of Employer Middletown Regional Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom Mailing Address 458 Three Mile Course City Guilford State CT Zip Code 06437-2539 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4 <b>Transaction ID:</b> 10520265 Amount of Each Receipt this Period 500.00
Name of Employer Yale New Haven Health System Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John J. Brady, III Mailing Address 5 Lynnbrook Road City Trumbull State CT Zip Code 06611-3308 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4 <b>Transaction ID:</b> 10520266 Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Business Development & Aggregate Year-to-Date ▼ 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 48 / 181
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kimberley K. Hostetler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 31 Prospect Place		<b>Transaction ID:</b> 10520267	
City State Zip Code Bristol CT 06010-5045		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 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> Ms. Lucille A Janatka		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 435 Lewis Avenue		<b>Transaction ID:</b> 10520268	
City State Zip Code Meriden CT 06451-2101		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MidState 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>C.</b> Mr. James D. Iacobellis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 110 Barnes Road		<b>Transaction ID:</b> 10520269	
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 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	

<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 49 / 181
	<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. Daniel E Lohr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 326 Washington Street		<b>Transaction ID:</b> 10520271	
City State Zip Code Norwich CT 06360-2733		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 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	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Kevin R Hannifan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address P O Box 5037		<b>Transaction ID:</b> 10520272	
City State Zip Code Hartford CT 06102-5037		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hartford Hospital		Occupation Executive Vice 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>C.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 61 Hickory Lane		<b>Transaction ID:</b> 10520273	
City State Zip Code Madison CT 06443-1718		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 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 50 / 181
	<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. Larry M Gold		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 37 Tall Timbers		<b>Transaction ID:</b> 10520274	
City State Zip Code Farmington CT 06032-3179		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 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. Vincent Capece		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 28 Crescent Street		<b>Transaction ID:</b> 10520275	
City State Zip Code Middletown CT 06457-3650		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
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>C.</b> Ms. Mary Lyon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 12 Wildlife Drive		<b>Transaction ID:</b> 10520276	
City State Zip Code Wallingford CT 06492-5346		Amount of Each Receipt this Period 250.00	
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 ▼ 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 51 / 181
	<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. Thomas F. Murray</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 28 Crescent Street		<b>Transaction ID: 10520277</b>	
City State Zip Code Middletown CT 06457-3654	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 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>B. Mr. Stephen A. Frayne</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 411 Old Sherman Hill Road		<b>Transaction ID: 10520278</b>	
City State Zip Code Woodbury CT 06798-4003	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 Vice President, Finance		
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. Robert J Trefry</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 190 Chatham Rd.		<b>Transaction ID: 10520279</b>	
City State Zip Code Fairfield CT 06825-1402	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 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 52 / 181
	<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. Ann G. Taylor		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 7 Clover Lane		<b>Transaction ID:</b> 10520280	
City State Zip Code Weatogue CT 06089-9400		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Connecticut Children's Medical Center		Occupation Director, 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. Peter J. Karl		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 93 Cos Cob Avenue		<b>Transaction ID:</b> 10520281	
City State Zip Code Cos Cob CT 06807-2125		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Connecticut Health Network		Occupation Interim 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. Gerald Boisvert		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 282 Washington Street		<b>Transaction ID:</b> 10520282	
City State Zip Code Hartford CT 06106-3322		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 Vice President & CFO	
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 53 / 181
	<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. Carolyn C. Brady		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 5 Lynnbrook Road		<b>Transaction ID:</b> 10520283	
City State Zip Code Trumbull CT 06611-3308	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 Vice President, Patient Care & Reg.		
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. David A Whitehead		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 326 Washington Street		<b>Transaction ID:</b> 10520284	
City State Zip Code Norwich CT 06360-2733	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 Vice President Planning		
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 G Murphy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 71 Haynes Street		<b>Transaction ID:</b> 10520285	
City State Zip Code Manchester CT 6040	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eastern Connecticut Health Network	Occupation Senior Vice President Finance and Chief		
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 54 / 181
	<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. Thomas P Pipicelli		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 214 Atkins Street		<b>Transaction ID:</b> 10520286
City State Zip Code Meriden CT 06450-3404		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer The William W. Backus 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>B.</b> Full Name (Last, First, Middle Initial) Mr. Martin L. Levine		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 19 Carter Lane		<b>Transaction ID:</b> 10520287
City State Zip Code Glastonbury CT 06033-2217		Amount of Each Receipt this Period 200.00
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Patrick Charnel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 130 Division Street		<b>Transaction ID:</b> 10520288
City State Zip Code Derby CT 06418-1326		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<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 / 181
	<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. Clarence J Silvia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address P O Box 100		Transaction ID: 10520290	
City Southington	State CT	Zip Code 06050-0100	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Britain General Hospital	Occupation Senior Vice President and Chief Operat		
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. Patrick J. Monahan, II		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 2 O'Neil Lane		Transaction ID: 10520292	
City Branford	State CT	Zip Code 06405-3300	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Connecticut Hospital Association	Occupation VP & General Counsel		
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. William T Christopher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 365 Montauk Avenue		Transaction ID: 10520293	
City New London	State CT	Zip Code 06320-4700	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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) ..... ▶	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 56 / 181
	<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. Frank J. Kelly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 24 Hospital Avenue		<b>Transaction ID:</b> 10520294	
City State Zip Code Danbury CT 06810-6099		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Danbury 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>B.</b> Full Name (Last, First, Middle Initial) Dr. Ann Errichetti, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 16 Orchard Circle		<b>Transaction ID:</b> 10520336	
City State Zip Code Northborough MA 01532-1305		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advocate South Suburban Hospital		Occupation President	
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. John G O'Brien		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 119 Belmont Street		<b>Transaction ID:</b> 10520339	
City State Zip Code Worcester MA 01605-2982		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UMass 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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<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 / 181
	<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. Sumner B. Tilton, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 370 Main Street		<b>Transaction ID:</b> 10520341
City Worcester State MA Zip Code 01608-1723	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UMass Memorial Health Care, Inc.	Occupation Chair, Board of Trustees	
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 T. Kirkpatrick		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 73 North Avenue		<b>Transaction ID:</b> 10520342
City Mendon State MA Zip Code 01756-1015	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Massachusetts Hospital Association	Occupation VP, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert E. Gibbons		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 28 State Street, 28th FL		<b>Transaction ID:</b> 10520344
City Boston State MA Zip Code 02109-1775	Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Massachusetts Hospital Association	Occupation Vice President, Government Advocacy	
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) ..... ▶	560.00
<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 58 / 181
	<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. Robert G Norton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 81 Highland Avenue		<b>Transaction ID:</b> 10520345
City State Zip Code Salem MA 01970-2768	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Salem 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>B.</b> Full Name (Last, First, Middle Initial) Ms. Helen Downey, , R.N.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 725 North Street		<b>Transaction ID:</b> 10520346
City State Zip Code Pittsfield MA 01201-4124	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Berkshire 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 ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 5 New England Executive Park		<b>Transaction ID:</b> 10520347
City State Zip Code Burlington MA 01803-5010	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<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 59 / 181
	<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. Peter B. Davis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 33 Freeport Drive		<b>Transaction ID:</b> 10520348
City State Zip Code Burlington MA 01803-1842	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph 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>B.</b> Ms. Ellen Zane		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 750 Washington Street		<b>Transaction ID:</b> 10520349
City State Zip Code Boston MA 02111-1845	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tufts-New England 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> Ms. Christine Shirtcliff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 85 South Street		<b>Transaction ID:</b> 10520350
City State Zip Code Ware MA 01082-1697	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mary Lane Hospital	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) ..... ▶	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 60 / 181
	<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. Michael W. Metzler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 795 Middle Street		<b>Transaction ID:</b> 10520351	
City State Zip Code Fall River MA 02721-1798		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Saint Anne's Hospital 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. Peter J Holden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 70 East Street		<b>Transaction ID:</b> 10520352	
City State Zip Code Methuen MA 01844-4597		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Caritas Holy Family Hospital and Medic 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. Joyce A Murphy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 2100 Dorchester Avenue		<b>Transaction ID:</b> 10520353	
City State Zip Code Dorchester MA 02124-5666		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Caritas Carney Hospital 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 61 / 181
	<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. Elaine Shepard Ullian		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address One Boston Medical Ctr. Place		<b>Transaction ID:</b> 10520354	
City State Zip Code Boston MA 02118-2999	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Boston 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. Mark J Howard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 3100 North Tenaya Way		<b>Transaction ID:</b> 10523306	
City State Zip Code Las Vegas NV 89128-0436	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MountainView 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. James I Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 3617 Willowdale Drive		<b>Transaction ID:</b> 10523307	
City State Zip Code Sparks NV 89434-1785	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washoe 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 ▼ 1000.00		

<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 62 / 181
	<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. Bill M. Welch Mailing Address 3352 Corey Drive City Reno State NV Zip Code 89509-3931 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10523309</b> Amount of Each Receipt this Period 500.00
Name of Employer Nevada 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

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Rod A Davis Mailing Address 102 Lake Mead Drive City Henderson State NV Zip Code 89015-5524 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10523310</b> Amount of Each Receipt this Period 500.00
Name of Employer St. Rose Dominican 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. Lacy L Thomas, , CPA Mailing Address 1800 West Charleston Blvd. City Las Vegas State NV Zip Code 89102-2386 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10523312</b> Amount of Each Receipt this Period 500.00
Name of Employer University 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 63 / 181
	<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. Alan Olive

Mailing Address 10101 Double R Blvd.

City State Zip Code  
Reno NV 89521-5931

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

Name of Employer Washoe Medical Center  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID: 10523314**

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Chris Bosse

Mailing Address 77 pringle Way

City State Zip Code  
Reno NV 89502-1474

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

Name of Employer Washoe Health System  
Occupation Vice President, Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID: 10523315**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kim Crandell

Mailing Address 901 Adams Blvd.

City State Zip Code  
Boulder City NV 89005-2299

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

Name of Employer Boulder City Hospital  
Occupation Administrator & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID: 10523318**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</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 64 / 181
	<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. Eva C. LaBarge</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 6434 Sun Flag Ct.		<b>Transaction ID: 10523320</b>	
City State Zip Code Sparks NV 89436-5400	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Nevada Hospital Association	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. James Parrish</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 118 East Haskell Street		<b>Transaction ID: 10523321</b>	
City State Zip Code Winnemucca NV 89445-3299	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Humboldt General Hospital	Occupation CEO & Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Coletta Barrett, RN, MHA</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 5000 Hennessy Boulevard		<b>Transaction ID: 10535430</b>	
City State Zip Code Baton Rouge LA 70808-4375	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Our Lady of the Lake Regional Medical	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<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 / 181
	<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. Clark R. Cosse, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 9521 Brookline Avenue		<b>Transaction ID:</b> 10535432	
City State Zip Code Baton Rouge LA 70809-8409	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisiana Hospital Association	Occupation Vice President, Legal & Government Aff		
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. Patricia T. Jeter		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 17853 Prestwick Avenue		<b>Transaction ID:</b> 10535436	
City State Zip Code Baton Rouge LA 70810-7994	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisiana 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. John A. Matessino		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 9521 Brookline Avenue		<b>Transaction ID:</b> 10535437	
City State Zip Code Baton Rouge LA 70809-8409	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisiana Hospital Association	Occupation President & 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 66 / 181
	<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. Sean M. Prados, MPA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 9521 Brookline Avenue		<b>Transaction ID:</b> 10535439	
City State Zip Code Baton Rouge LA 70809-8409	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisiana 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Paul A. Salles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 644 Apache Drive		<b>Transaction ID:</b> 10535441	
City State Zip Code Abita Springs LA 70420-3331	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisiana Hospital Association	Occupation VP, Health Economics & Decision Support		
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. Theresa Samaha		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 9521 Brookline Avenue		<b>Transaction ID:</b> 10535443	
City State Zip Code Baton Rouge LA 70809-8409	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Louisiana Hospital Association	Occupation Director of Accounting		
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) .....	875.00
<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 / 181
	<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) Ms. Jennifer Steel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 3653 Lake Aspen East Dr.		Transaction ID: 10535449	
City State Zip Code Gretna LA 70072	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer West Jefferson Medical Center	Occupation Chief Community Relations Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Ms. Phyllis Peoples, , MSN, R.N		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 8166 Main Street		Transaction ID: 10535453	
City State Zip Code Houma LA 70360-3498	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Ms. Ellen M Jones		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 524 S. Ryan St.		Transaction ID: 10535455	
City State Zip Code Lake Charles LA 70601-5725	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christus St. Patrick Hospital of Lake	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) ..... ▶	800.00
<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 / 181
	<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 M. Dixon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2450 Severn Avenue, Suite 210		<b>Transaction ID:</b> 10535457
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 ShareCor	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. Scott Stafford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address P.O. Box 1636		<b>Transaction ID:</b> 10535462
City State Zip Code Mansfield LA 71052-1636	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DeSoto Regional Health System	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> Mr. James P Barbuat		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address P O Box 1389		<b>Transaction ID:</b> 10535464
City State Zip Code Opelousas LA 70571-1389	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Opelousas General Health System	Occupation Vice President Financial Services	
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 69 / 181
	<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 J. Finn, Ph.D.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 417 Magnolia Lane		<b>Transaction ID:</b> 10535469
City State Zip Code Mandeville LA 70471-1646	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Nick Zaunbrecher, CPA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 204 Energy Parkway		<b>Transaction ID:</b> 10539858
City State Zip Code Lafayette LA 70508-3816	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Meadowbrook Rehabilitation Hospital of	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>C.</b> Mr. Mark Cullen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1632 N. Avenue D		<b>Transaction ID:</b> 10539859
City State Zip Code Crowley LA 70526-2826	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kaplan Rehabilitation 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 70 / 181
	<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. Glenn D Corder		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 2003		Transaction ID: 10542088	
City Springfield	State VT	Zip Code 05156-2003	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Springfield 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. Richard T Palmisano, II, R.N.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 159 Valley Park Drive		Transaction ID: 10542089	
City Spofford	State NH	Zip Code 03462-4634	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Brattleboro Retreat	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. George N Miller, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 500 West Court Street		Transaction ID: 10542102	
City Kankakee	State IL	Zip Code 60901-3661	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Provena St. 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 ▼ 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 71 / 181
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Edward A Eckenhoff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 102 Irving Street NW		<b>Transaction ID:</b> 10542105	
City State Zip Code Washington DC 20010-2949	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer National Rehabilitation Hospital	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> Ms. Terri L. Allen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 East Warrenville Road		<b>Transaction ID:</b> 10542167	
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association	Occupation Regional Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Jack F. Fritzsche		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 5165 Mad River Road		<b>Transaction ID:</b> 10542174	
City State Zip Code Dayton OH 45429-2140	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kettering Medical Center-Network	Occupation Board of Trustees		
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) ..... ▶	925.00
<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 / 181
	<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. Ms. Elena Butkus</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 E. Warrenville Road		<b>Transaction ID: 10542210</b>	
City State Zip Code Naperville IL 60563-9339		Amount of Each Receipt this Period 375.03	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Illinois Hospital Association Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 708.39	

Full Name (Last, First, Middle Initial) <b>B. Ms. Barbara B. Dallas</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1405 West Main Street, Ste 2		<b>Transaction ID: 10542216</b>	
City State Zip Code Carbondale IL 62901-2229		Amount of Each Receipt this Period 153.47	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Illinois Hospital Association Sr. Director Rural Hospital Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 306.94	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Deaton</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 740 North Hayes		<b>Transaction ID: 10542217</b>	
City State Zip Code Oak Park IL 60302-1706		Amount of Each Receipt this Period 375.03	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Illinois Hospital Association Sr. VP, General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 708.39	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	903.53
<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 73 / 181
	<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. Nancy DeMarco		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1151 East Warrenville Road		<b>Transaction ID:</b> 10542218
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 562.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Director of Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lois DeTraglia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1151 E. Warrenville Rd.		<b>Transaction ID:</b> 10542219
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 187.56	
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.28	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Barbara Filling		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address 1013 59th Street		<b>Transaction ID:</b> 10542220
City State Zip Code Lisle IL 60532-3122	Amount of Each Receipt this Period 187.56	
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation Director, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	937.62
<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 74 / 181
	<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. Brian Foster</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		<b>Transaction ID: 10542221</b>	
City Naperville State IL Zip Code 60563-9339		Amount of Each Receipt this Period 375.03	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 708.39	

Full Name (Last, First, Middle Initial) <b>B. Ms. Ann C. Guild</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		<b>Transaction ID: 10542224</b>	
City Naperville State IL Zip Code 60563-9339		Amount of Each Receipt this Period 375.03	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois 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 ▼ 708.39	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard A. Hamilton</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 E. Warrenville Rd.		<b>Transaction ID: 10542226</b>	
City Naperville State IL Zip Code 60563-9339		Amount of Each Receipt this Period 562.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois 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 ▼ 1062.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1312.56
<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 / 181
	<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)  
Ms. Tamara Lynn Jurgens

Mailing Address 1911 Hamilton Street

City State Zip Code  
Murphysboro IL 62966-1519

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

Name of Employer Illinois Hospital Association  
Occupation Risk Management Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.71

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

**Transaction ID:** 10542229

Amount of Each Receipt this Period  
140.67

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Illinois Hospital Association  
Occupation Assistant Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
357.00

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

**Transaction ID:** 10542230

Amount of Each Receipt this Period  
189.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

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

Name of Employer Illinois Hospital Association  
Occupation Director, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.28

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

**Transaction ID:** 10542235

Amount of Each Receipt this Period  
187.56

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>517.23</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 76 / 181
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Patricia Merryweather-Arges</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1151 E. Warrenville Road PO Box 3015		<b>Transaction ID: 10542238</b>	
City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 562.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association	Occupation Vice President		
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>B. Mr. Howard A. Peters, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 4109 Southwoods Road		<b>Transaction ID: 10542296</b>	
City Springfield	State IL	Zip Code 62707-6070	Amount of Each Receipt this Period 562.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois 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 ▼ 1062.50		

Full Name (Last, First, Middle Initial) <b>C. Mr. Kenneth C. Robbins</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 1531 Maria Court		<b>Transaction ID: 10542300</b>	
City Wheaton	State IL	Zip Code 60187-3777	Amount of Each Receipt this Period 562.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Illinois Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1687.50
<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 77 / 181
	<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 G. Breitenbach		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 250 Southview Road		<b>Transaction ID:</b> 10542670
City State Zip Code Dayton OH 45419-3326	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Miami Valley Hospital	Occupation Former President and CEO	
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 Deck		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 309 Hathaway Road		<b>Transaction ID:</b> 10542676
City State Zip Code Dayton OH 45419-3915	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Good Samaritan Hospital	Occupation President & CEO	
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> Mr. James R Pancoast		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2445 Ridgeway Road		<b>Transaction ID:</b> 10542682
City State Zip Code Dayton OH 45419-1325	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Good Samaritan 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) ..... ▶	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 78 / 181
	<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. Kevin E Lofton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1999 Broadway, Suite 2600		<b>Transaction ID:</b> 10542867
City State Zip Code Denver CO 80202-3025	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Catholic Health Initiatives	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>B.</b> Full Name (Last, First, Middle Initial) Mr. Kevin P. Conlin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 422 Pine Meadow Ct.		<b>Transaction ID:</b> 10542885
City State Zip Code Andover KS 67002-8842	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 President & CEO	
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. Greg Lundstrom		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 113 North Third Street		<b>Transaction ID:</b> 10542906
City State Zip Code Lindsborg KS 67456-2101	Amount of Each Receipt this Period 58.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lindsborg Community Hospital	Occupation Administrator and Chief Executive Offi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1308.00
<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 79 / 181
	<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. Gerald J Marquette, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1400 West Fourth		Transaction ID: 10542907
City State Zip Code Coffeyville KS 67337-0856	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coffeyville 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 ▼ 685.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Brenda S. McCants		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1019 E. 10th Street		Transaction ID: 10542908
City State Zip Code Goodland KS 67735-3503	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Goodland Regional Medical Center	Occupation Dir., Development and Volunteers	
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. Dennis E Klima		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 640 South State Street		Transaction ID: 10543166
City State Zip Code Dover DE 19901-3597	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bayhealth 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) ..... ▶	1100.00
<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 / 181
	<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. Robert J Laskowski, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 9 Meadows Lane		<b>Transaction ID:</b> 10543167	
City State Zip Code Wilmington DE 19807-1243	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Christiana Care 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Richard A Long		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 2500		<b>Transaction ID:</b> 10543354	
City State Zip Code Wilmington DE 19805-0500	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Francis 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. Robyn Cooke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> 10547986	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Director of Operations		
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 81 / 181
	<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. Dr. Molly J. Coye, MD</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 524 Second Street 2nd Floor		<b>Transaction ID: 10548235</b>
City State Zip Code San Francisco CA 94107-1427	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Health Technology Center-San Francisco	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. Mr. Frank G McDougall</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address One Medical Center Drive		<b>Transaction ID: 10549396</b>
City State Zip Code Lebanon NH 03756-0001	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Dartmouth-Hitchcock Medical Center	Occupation Director 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>C. Ms. Shireen Gandhi-Kozel</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2550 University Avenue W. Suite 350-S		<b>Transaction ID: 10549946</b>
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 134.61	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Minnesota Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	534.61
<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 82 / 181
	<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 2 / 3 0 / 2 0 0 4	
Mailing Address 4885 Pheasant Court South		<b>Transaction ID:</b> 10549947	
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 ▼ 750.75		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James F Hanko		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 3405 Riverside Dr. NE		<b>Transaction ID:</b> 10549951	
City State Zip Code Bemidji MN 56601-5310	Amount of Each Receipt this Period 125.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Peter E. Person, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 26 South 30th Avenue E.		<b>Transaction ID:</b> 10549952	
City State Zip Code Duluth MN 55812-2330	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. Mary's Regional Health Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1144.50
<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 83 / 181
	<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. Charles F. Harms		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2520 Moonlight Ct.		<b>Transaction ID:</b> 10550441	
City State Zip Code Cheyenne WY 82009-8572		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation United Medical Center 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. Daniel J. Perdue		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2005 Warren Avenue Post Office Box 249		<b>Transaction ID:</b> 10550442	
City State Zip Code Cheyenne WY 82001-3725		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Wyoming Hospital Association 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. Patsy Carter		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address PO Box 460		<b>Transaction ID:</b> 10550443	
City State Zip Code Rawlins WY 82301-0460		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Carbon County Memorial Hospital COO and 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) ..... ▶	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 84 / 181
	<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. Douglas A McMillan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 707 Sheridan Avenue		<b>Transaction ID:</b> 10550444
City State Zip Code Cody WY 82414-3409	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer West Park Hospital	Occupation Administrator and Chief Executive Offi	
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. Ronald A Ommen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address P O Box 428		<b>Transaction ID:</b> 10550445
City State Zip Code Jackson WY 83001-0428	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. John's Medical Center and Living C	Occupation Chief Executive Officer and Administra	
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. Rod Barton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 650 MTN View		<b>Transaction ID:</b> 10550446
City State Zip Code Powell WY 82435-1722	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Powell Valley Healthcare	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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 / 181
	<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. Mr. James F. Caldas</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 6016 Overlea Road		<b>Transaction ID: 10550618</b>	
City State Zip Code Bethesda MD 20816-2469		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Washington Hospital Center President & COO			
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. Secretary Scott W. Goodspeed, , FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 11 Braley Lane		<b>Transaction ID: 10550621</b>	
City State Zip Code North Hampton NH 03862-2245		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Anna Jaques 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 ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Scott Bowman</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 304 Wright Street		<b>Transaction ID: 10551841</b>	
City State Zip Code Sweetwater TN 37874-2897		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sweetwater Hospital 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) ..... ▶	875.00
<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 86 / 181
	<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. Mr. James L Brexler</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 975 East Third Street		<b>Transaction ID: 10551842</b>
City State Zip Code Chattanooga TN 37403-2163	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Erlanger 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	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jeannine Briley</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Blvd. South		<b>Transaction ID: 10551843</b>
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association Occupation Vice President, Education Services		
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. Jimm Bunch</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Hospital Drive		<b>Transaction ID: 10551845</b>
City State Zip Code Madison TN 37115-5032	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Christian 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 ▼ 1000.00	

<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 87 / 181
	<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. Charlotte Burns</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 60 Southern Lane		<b>Transaction ID: 10551846</b>	
City State Zip Code Savannah TN 38372-2294		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hardin County General Hospital		Occupation Administrator and Chief Executive Offi	
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. Susan Burkett</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2525 De Sales Avenue		<b>Transaction ID: 10551847</b>	
City State Zip Code Chattanooga TN 37404-1102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Erlanger Health System		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	

Full Name (Last, First, Middle Initial) <b>C. Mr. James Byrd</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 500 Interstate Blvd. South		<b>Transaction ID: 10551848</b>	
City State Zip Code Nashville TN 37210-4634		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		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) ..... ▶	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 88 / 181
	<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. Martha Chill		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 10820 Parkside Drive		<b>Transaction ID:</b> 10551849
City State Zip Code Knoxville TN 37922-1956	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital West	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Steve Clapp		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 137 Blount Avenue Southeast		<b>Transaction ID:</b> 10551850
City State Zip Code Knoxville TN 37920-1601	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital of East Tennessee	Occupation Vice President, Business 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. Chris Clarke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Blvd. South		<b>Transaction ID:</b> 10551851
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Senior Vice President, Clinical and Pr	
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 89 / 181
	<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 Lee Decker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2840 Wimbledon Court		<b>Transaction ID:</b> 10551852
City State Zip Code Clarksville TN 37043-2426	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital of Cocke County	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>B.</b> Ms. Donna Dickens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Boulevard South		<b>Transaction ID:</b> 10551853
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Vice President, Accounting	
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. Michael A. Dietrich		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Boulevard South		<b>Transaction ID:</b> 10551854
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee 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 ▼ 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 90 / 181
	<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. Marilyn Dubree</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1211 22nd Avenue South AA-120 MCN		<b>Transaction ID: 10551855</b> Amount of Each Receipt this Period 250.00
City Nashville      State TN      Zip Code 37232-0004		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Vanderbilt University 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>B. Mr. Greg Duckett</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 350 N Humphreys Boulevard		<b>Transaction ID: 10551856</b> Amount of Each Receipt this Period 1000.00
City Memphis      State TN      Zip Code 38120-2177		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Baptist Memorial Health Care Corporati	Occupation Senior Vice President and Chief Legal	
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. Mr. Marvin Eichorn</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 400 North State of Franklin Rd		<b>Transaction ID: 10551857</b> Amount of Each Receipt this Period 250.00
City Johnson City      State TN      Zip Code 37604-6094		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Johnson City Medical Cent-er	Occupation Senior Vice President and Chief Financ	
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 91 / 181
	(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	<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. Carol Forrest</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address Post Office Box 238		<b>Transaction ID: 10551858</b>	
City State Zip Code Kingsport TN 37662-0238		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wellmont Holston Valley Medical Center		Occupation Clinical Manager	
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. Barry Fowler</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 877 Jefferson Avenue		<b>Transaction ID: 10551859</b>	
City State Zip Code Memphis TN 38103-2897		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Medical Center at Memphis		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>C. Mr. James D. Gann</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address Post Office Box 489		<b>Transaction ID: 10551860</b>	
City State Zip Code Harriman TN 37748-0489		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Roane 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) ..... ▶	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 92 / 181
	<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. Gregg Gentry</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 975 East Third Street		<b>Transaction ID: 10551861</b>	
City State Zip Code Chattanooga TN 37403-2163	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Erlanger Medical Center	Occupation Chief Human Resources 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. James L. Goodloe</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 500 Interstate Blvd. South		<b>Transaction ID: 10551862</b>	
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Tennessee 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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert S. Gordon</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 7891 Cross Pike Drive		<b>Transaction ID: 10551863</b>	
City State Zip Code Germantown TN 38138-8117	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baptist Memorial Health Care Corporati	Occupation Executive Vice President & CAO		
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 93 / 181
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sharron R. Grindstaff		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 100 Greenway Circle		<b>Transaction ID:</b> 10551864	
City Erwin	State TN	Zip Code 37650-2177	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Unicoi County Memorial Hospital	Occupation Chief Nursing 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) Ms. Susan Hand		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 2529		<b>Transaction ID:</b> 10551865	
City Oak Ridge	State TN	Zip Code 37831-2529	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Methodist Medical Center of Oak Ridge	Occupation Vice President and Chief Financial Off		
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. Wayne S. Heatherly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address Post Office Box 22993		<b>Transaction ID:</b> 10551866	
City Knoxville	State TN	Zip Code 37933-0993	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Parkwest Medical Center	Occupation President & CAO		
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 94 / 181
	<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. Mr. David C Hogan</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 350 North Humphreys Boulevard		<b>Transaction ID: 10551867</b>
City State Zip Code Memphis TN 38120-2177	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Memorial Health Care Corporati	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Wanda Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 700 Westbrook Lane		<b>Transaction ID: 10551868</b>
City State Zip Code Winchester TN 37398-3217	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Associ- ation	Occupation Executive 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. Mr. Bill Jolley</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Blvd., South		<b>Transaction ID: 10551869</b>
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Associ- ation	Occupation Assistant 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 95 / 181
	<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. Marvin A. Kurtz

Mailing Address 975 East Third Street

City State Zip Code  
Chattanooga TN 37403-2163

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

Name of Employer Erlanger Medical Center Occupation Chief Financial 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 2 / 3 0 / 2 0 0 4

Transaction ID: 10551870

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas P Lewis

Mailing Address P O Box 7100

City State Zip Code  
Paducah KY 42002-7100

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

Name of Employer Lourdes Hospital 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 2 / 3 0 / 2 0 0 4

Transaction ID: 10551871

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Debra K London

Mailing Address 900 East Oak Hill Avenue

City State Zip Code  
Knoxville TN 37917-4505

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

Name of Employer St. Mary's Health System Occupation President and Chief Executive 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 2 / 3 0 / 2 0 0 4

Transaction ID: 10551872

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 96 / 181
	<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. Michelle Long</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Blvd. South		<b>Transaction ID: 10551873</b>
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tennessee Hospital Association	Occupation SVP and General Counsel	
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. David H. McClure</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Boulevard South		<b>Transaction ID: 10551874</b>
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tennessee 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Janice M. McKinley, RN, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 939 Vista Oaks Lane		<b>Transaction ID: 10551875</b>
City State Zip Code Knoxville TN 37919-4445	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Parkwest Medical Center	Occupation Vice President & Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<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 97 / 181
	<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. Monty McLaurin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2000 Brookside Drive		<b>Transaction ID:</b> 10551876
City State Zip Code Kingsport TN 37660-4682	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indian Path 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> Mr. John W. Melton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 400 N State of Franklin		<b>Transaction ID:</b> 10551877
City State Zip Code Johnson City TN 37604-6035	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mountain States Health Alliance	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.</b> Mr. Terry Morgan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1911 Dobson Park Lane		<b>Transaction ID:</b> 10551878
City State Zip Code Knoxville TN 37922-8528	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Health System of East Tennessee	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) ..... ▶	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 98 / 181
	<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 T Moss		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 163 Windemere Circle		<b>Transaction ID:</b> 10551879
City State Zip Code Jackson TN 38305-3966	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Tennessee Healthcare	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> Mr. Joe Peterson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address PO Box 1788		<b>Transaction ID:</b> 10551880
City State Zip Code Knoxville TN 37901-1788	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Hospital of East Tennessee	Occupation Pharmacy Manager	
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. Byron Quinton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address PO Box 580		<b>Transaction ID:</b> 10551881
City State Zip Code Waynesboro TN 38485-0580	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wayne Medical Center	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) ..... ▶	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 99 / 181
	(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. Denise Ray</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 975 East Third Street		<b>Transaction ID: 10551882</b>	
City State Zip Code Chattanooga TN 37403-2163	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Erlanger Health System	Occupation Sr. Vice President Care Services		
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. Stephen Curtis Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 899 Madison Ave. Room 1727		<b>Transaction ID: 10551883</b>	
City State Zip Code Memphis TN 38146-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baptist Memorial Health Care Corporati	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. Mr. Anthony L Spezia</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 100 Fort Sanders West Blvd		<b>Transaction ID: 10551884</b>	
City State Zip Code Knoxville TN 37922-3353	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Covenant 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 ▼ 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 100 / 181
	<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)  
Dr. Bruce W Steinhauer, M.D.

Mailing Address 877 Jefferson Avenue

City State Zip Code  
Memphis TN 38103-2897

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

Name of Employer  
Regional Medical Center at Memphis

Occupation  
President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID:** 10551885

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. J. Britton Tabor, CPA

Mailing Address 975 East Third Street

City State Zip Code  
Chattanooga TN 37403-2163

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

Name of Employer  
Erlanger Health System

Occupation  
Facilities Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID:** 10551888

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda Timmer

Mailing Address 500 Interstate Blvd. South

City State Zip Code  
Nashville TN 37210-4634

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

Name of Employer  
Tennessee Hospital Association

Occupation  
Executive Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID:** 10551889

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 101 / 181
	<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. Scott Tongate		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 319		<b>Transaction ID:</b> 10551890	
City Carthage	State TN	Zip Code 37030-0319	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carthage 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. William E. Torrence, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 241 S. Chamberlain Ave.		<b>Transaction ID:</b> 10551891	
City Rockwood	State TN	Zip Code 37854-6542	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Health System of East Tennessee	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Thelma K. Traut		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 1080 Cedar Drive Cedar Lake Estates		<b>Transaction ID:</b> 10551892	
City Camden	State TN	Zip Code 38320-6033	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Memorial Hospital-Huntingdon	Occupation Vice Chair		
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 102 / 181
	<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. Perry Turner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 421 South Main Street		<b>Transaction ID:</b> 10551893
City State Zip Code Crossville TN 38555-5031	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cumberland Medical Center	Occupation Pharmacy 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>B.</b> Mr. Carlyle L E Walton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 401 Takoma Avenue		<b>Transaction ID:</b> 10551894
City State Zip Code Greeneville TN 37743-4647	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Takoma Adventist Hospital	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. Berton Whitaker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address PO Box 238		<b>Transaction ID:</b> 10551895
City State Zip Code Kingsport TN 37662-0238	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wellmont Holston Valley 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	

<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

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	<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. Nancy P White		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 350 Hospital Drive		<b>Transaction ID:</b> 10551896
City State Zip Code Fort Oglethorpe GA 31217-3871	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coliseum Medical Centers	Occupation Director Government Relations	
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. Betsy B. Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 500 Interstate Boulevard, South		<b>Transaction ID:</b> 10551897
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period 676.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tennessee Hospital Association	Occupation Vice President, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 676.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Roy J Orr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1460 'G' Street		<b>Transaction ID:</b> 10553527
City State Zip Code Springfield OR 97477-4197	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McKenzie-Willamette 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1426.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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	<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. Bruce Bishop</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 7777 SW Canyon Lane		<b>Transaction ID: 10553528</b>	
City State Zip Code Portland OR 97225-3813	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Oregon Association of Hospitals & Health Care	Occupation State Legislative 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>B. Mr. Norman F Gruber</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 14001		<b>Transaction ID: 10553531</b>	
City State Zip Code Salem OR 97309-5014	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 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. Mr. Daniel B Smith</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 1068		<b>Transaction ID: 10553533</b>	
City State Zip Code Albany OR 97339	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Samaritan Health Services	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: (check only one)	PAGE 105 / 181
	<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. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code  
Portland OR 97201-3098

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

Name of Employer Occupation  
OHSU Hospital Vice President and Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID:** 10553534

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Daniel

Mailing Address P.O. Box 23089

City State Zip Code  
Savannah GA 31403-3089

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

Name of Employer Occupation  
Memorial Health Director, Generation One

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID:** 10554446

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William N Wessinger, M.D.

Mailing Address 24 Tiffany Place

City State Zip Code  
Savannah GA 31406-5229

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

Name of Employer Occupation  
Memorial Health Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID:** 10554472

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

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	<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. Jeffrey M Fried, , FACHE Mailing Address 17 Patriots Way City Rehoboth Beach State DE Zip Code 19971-1057 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10557932</b> Amount of Each Receipt this Period 500.00
Name of Employer Beebe 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>B.</b> Full Name (Last, First, Middle Initial) Mr. Ryland P Davis Mailing Address 715 East Highland Boulevard Post Office Box 2555 City Spokane State WA Zip Code 99203-3306 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10557955</b> Amount of Each Receipt this Period 500.00
Name of Employer Sacred Heart 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>C.</b> Full Name (Last, First, Middle Initial) Mr. David E Jaffe Mailing Address 325 Ninth Avenue, Box 359717 City Seattle State WA Zip Code 98104-2499 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10557956</b> Amount of Each Receipt this Period 250.00
Name of Employer Harborview Medical Center Occupation Executive Director 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) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	<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. Steven R. Michaud		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 7 Ivanhoe Drive		<b>Transaction ID:</b> 10559145	
City State Zip Code Topsham ME 04086-6109	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Maine 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Charles W Sorenson, Jr., M.D		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 36 South State Street, 22nd Fl		<b>Transaction ID:</b> 10561547	
City State Zip Code Salt Lake City UT 84111-1453	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Intermountain Health Care, Inc.	Occupation Executive Vice 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Robert Cash		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 9660 South 1300 East		<b>Transaction ID:</b> 10561570	
City State Zip Code Sandy UT 84094-3793	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alta View Hospital	Occupation Administrator and Chief Executive Officer		
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) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	<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. Daniel J. Snyder

Mailing Address 8th Avenue and C Street

City State Zip Code  
Salt Lake City UT 84143-0001

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

Name of Employer Occupation  
LDS Hospital Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2004

**Transaction ID:** 10561571

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. H. Gary Pehrson

Mailing Address 601 East 700 North

City State Zip Code  
Kaysville UT 84037-1564

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

Name of Employer Occupation  
Intermountain Health Care, Inc. Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2004

**Transaction ID:** 10561573

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Colleen B. Koga, RN

Mailing Address 4423 South 1630 West

City State Zip Code  
Roy UT 84067-3010

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

Name of Employer Occupation  
McKay-Dee Hospital Center Nursing Administrator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2004

**Transaction ID:** 10561574

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Karen S. Burnett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2248 North 500 East		<b>Transaction ID:</b> 10561575
City State Zip Code Ogden UT 84414-2884	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer McKay-Dee Hospital Center	Occupation Director, Human Resources	
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>B.</b> Mr. James C. Hoellein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1475 33rd Street		<b>Transaction ID:</b> 10561576
City State Zip Code Ogden UT 84403-1301	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer McKay-Dee Hospital Center	Occupation Director, Heart Institute	
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> Mr. Timothy T. Pehrson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3939 Harrison Boulevard		<b>Transaction ID:</b> 10561577
City State Zip Code Ogden UT 84403-2310	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer McKay-Dee Hospital Center	Occupation Operations Officer	
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) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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	<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. Thomas F Hanrahan, , FACHE Mailing Address Box 9370 City Ogden State UT Zip Code 84409-0370 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10561578</b> Amount of Each Receipt this Period 100.00
Name of Employer McKay-Dee Hospital Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Mark C. Coons Mailing Address 544 West Vista Drive City Highland State UT Zip Code 84003 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10561579</b> Amount of Each Receipt this Period 100.00
Name of Employer Intermountain Health Care, Inc. Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary Ann Young, , R.N. Mailing Address 741 E. 750 North City Orem State UT Zip Code 84097-6008 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4 <b>Transaction ID: 10561580</b> Amount of Each Receipt this Period 100.00
Name of Employer Utah Valley Regional Medical Center Occupation Administrator 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) .....	<b>300.00</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 111 / 181
	<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. Merrill Gappmayer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1156 S. State Suite 202		<b>Transaction ID:</b> 10561581
City Orem State UT Zip Code 84097-8233	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Intermountain Health Care, Inc.	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Keith D Tintle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 894 Foxhill Road		<b>Transaction ID:</b> 10561582
City North Salt Lake Ci State UT Zip Code 84608	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Timpanogos Regional Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. A. Lorris Betz, MD		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 50 North Medical Drive		<b>Transaction ID:</b> 10561583
City Salt Lake City State UT Zip Code 84132-0001	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Utah Health Care	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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	<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. Mr. Bradley D LeBaron</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 785 North Canyon View 416-8		<b>Transaction ID: 10561584</b>	
City State Zip Code Roosevelt UT 84066-2231		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Uintah Basin 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 ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Osvaldo Lopez</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 836 West Wellington Avenue		<b>Transaction ID: 10568351</b>	
City State Zip Code Chicago IL 60657-5147		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Advocate Illinois Masonic Medical Cent 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. Mr. James M. Hohner</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2159 W. Agatite		<b>Transaction ID: 10568358</b>	
City State Zip Code Chicago IL 60625-1705		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Advocate Health Care Hospital 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) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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	<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. Lawrence Majika</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2025 Windsor Drive		<b>Transaction ID: 10568359</b>	
City State Zip Code Oak Brook IL 60523-1586	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advocate Health Care 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. Dr. Lee Sacks, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2025 Windsor Drive		<b>Transaction ID: 10568361</b>	
City State Zip Code Oak Brook IL 60523	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advocate Health Care Occupation Executive Vice President and Chief Med			
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. William P. Santulli</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 3815 Highland Avenue		<b>Transaction ID: 10568362</b>	
City State Zip Code Downers Grove IL 60515-1500	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advocate Good Samaritan 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 114 / 181
	<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 H Skogsbergh		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2025 Windsor Drive		<b>Transaction ID:</b> 10568364
City State Zip Code Oak Brook IL 60523-1586	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Advocate Health Care	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. Robert Christie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 251 East Huron Street		<b>Transaction ID:</b> 10568366
City State Zip Code Chicago IL 60611-2908	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwestern Memorial Hospital	Occupation Vice President, Government and Legisla	
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. Dean M Harrison		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 5237 Grand Avenue		<b>Transaction ID:</b> 10568368
City State Zip Code Western Springs IL 60558-1827	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwestern 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 ▼ 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 115 / 181
	<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. Gary A. Mecklenburg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1344 Edge Wood Lane		<b>Transaction ID:</b> 10568372
City State Zip Code Winnetka IL 60093-1412	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwestern Memorial Hospital	Occupation President & 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. Timothy P. Selz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2615 Washington Street		<b>Transaction ID:</b> 10568378
City State Zip Code Waukegan IL 60085-4980	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Provena Mercy 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. William A Brown, , CHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 77 North Airlite Street		<b>Transaction ID:</b> 10568379
City State Zip Code Elgin IL 60123-4998	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Provena Saint Joseph 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) ..... ▶	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 116 / 181
	<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. Darryl L Vandervort		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 403 East First Street		<b>Transaction ID:</b> 10568380	
City State Zip Code Dixon IL 61021-3187	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Katherine Shaw Bethea 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. William T Foley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 19065 Hickory Creek Drive, 300		<b>Transaction ID:</b> 10568381	
City State Zip Code Mokena IL 60448-8599	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Provena Health	Occupation Chief Executive Officer		
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. James M. Moore, CHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 800 N.E. Glen Oak Avenue		<b>Transaction ID:</b> 10568382	
City State Zip Code Peoria IL 61603-3255	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSF Healthcare System	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) ..... ▶	1400.00
<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 117 / 181
	<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 G Senneff, , CHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 530 Park Avenue East		<b>Transaction ID:</b> 10568383	
City State Zip Code Princeton IL 61356-3901	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Perry 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Wayne M Lerner, , DPH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 1025 Glenview Road		<b>Transaction ID:</b> 10568384	
City State Zip Code Glenview IL 60025-3134	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rehabilitation Institute of Chicago	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> Ms. Susan Hulce Cerletty		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 345 East Superior Street #1559		<b>Transaction ID:</b> 10568386	
City State Zip Code Chicago IL 60611-4805	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rehabilitation Institute of Chicago	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1010.00
<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 118 / 181
	<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)  
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Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William B Leaver		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2701 17th Street		<b>Transaction ID:</b> 10568502	
City State Zip Code Rock Island IL 61201-5351		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Trinity Medical Center-West		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 ▼ 502.50	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Timothy J Harrington		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 1324 North Sheridan Road		<b>Transaction ID:</b> 10568503	
City State Zip Code Waukegan IL 60085-2199		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vista Health-Victory 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	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Richard S Kowalski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 3333 North Seminary Street		<b>Transaction ID:</b> 10568507	
City State Zip Code Galesburg IL 61401-1299		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer OSF St. Mary Medical Center		Occupation Administrator and Chief Executive Offi	
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 119 / 181
	(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> Ms. Kathleen K DeVine		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 2875 West 19th Street		<b>Transaction ID:</b> 10568508
City State Zip Code Chicago IL 60623-3501	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Saint Anthony Hospital	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. Patricia Shehorn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1225 Lake Street		<b>Transaction ID:</b> 10568509
City State Zip Code Melrose Park IL 60160-4000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Westlake Hospital	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. A. Hugh Greene		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3939 Cordova Avenue		<b>Transaction ID:</b> 10569185
City State Zip Code Jacksonville FL 32207-6018	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Baptist Health	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<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 120 / 181
	<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. Mr. G. Mark O'Bryant</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 9616 Deer Valley Drive		<b>Transaction ID: 10569187</b>
City State Zip Code Tallahassee FL 32312-4245	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Tallahassee Memorial HealthCare	Occupation Senior Vice President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Hillenmeyer</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1414 Kuhl Avenue		<b>Transaction ID: 10569193</b>
City State Zip Code Orlando FL 32806-2093	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orlando 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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Patrick J. Madden</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1941 East Lloyd Street		<b>Transaction ID: 10569199</b>
City State Zip Code Pensacola FL 32503-6064	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Sacred Heart Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<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 121 / 181
	<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 R Nathan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address P O Box 2218		<b>Transaction ID:</b> 10569218
City State Zip Code Fort Myers FL 33902-2218	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lee Memorial Health System	Occupation Chief Executive Officer	
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>B.</b> Mr. Frank V Sacco, FACHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3501 Johnson Street		<b>Transaction ID:</b> 10569231
City State Zip Code Hollywood FL 33021-5487	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Healthcare System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. J E Piriz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3682 Falcon Ridge Circle		<b>Transaction ID:</b> 10569259
City State Zip Code Weston FL 33331-5019	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Regional Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<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 122 / 181
	<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. David L. Schlemmer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 8621 NW 53rd Court		<b>Transaction ID:</b> 10569276
City State Zip Code Coral Springs FL 33067-2846	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Healthcare System	Occupation Assistant Administrator	
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>B.</b> Mr. John A Benz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 703 North Flamingo Road		<b>Transaction ID:</b> 10569278
City State Zip Code Pembroke Pines FL 33028-1014	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Hospital West	Occupation Chief Strategic Officer	
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> Ms. Nina Tucker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3115 N. 36th Avenue		<b>Transaction ID:</b> 10569283
City State Zip Code Hollywood FL 33021-3062	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Regional Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<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 123 / 181
	<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. Dr. Greg Zorman, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 5730 Arapahoe Road		<b>Transaction ID: 10569285</b>
City State Zip Code Fort Lauderdale FL 33312-6354	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Healthcare System	Occupation Hospital Administrator	
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>B. Dr. Stanley Marks, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3501 Johnson Street		<b>Transaction ID: 10569288</b>
City State Zip Code Pembroke Pines FL 33021-5421	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Healthcare System	Occupation Chief Medical Officer	
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. Mr. Anthony C. Krayner, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 340 W. Tropicla Way		<b>Transaction ID: 10569290</b>
City State Zip Code Plantation FL 33317-3329	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Regional Hospital	Occupation Chief Corporate Affairs Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<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 124 / 181		
	<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. Zeff Ross</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 10213 Capri Street		<b>Transaction ID: 10569291</b>	
City State Zip Code Hollywood FL 33026-4637	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Memorial Hospital West	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 432.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Catherine B. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 8390 North West 24th Court		<b>Transaction ID: 10569325</b>	
City State Zip Code Pembroke Pines FL 33024	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Memorial Hospital of Jacksonville	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. C. Kennon Hetlage</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 19910 NW 2nd Street		<b>Transaction ID: 10569328</b>	
City State Zip Code Pembroke Pines FL 33029-3306	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Memorial Regional Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<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 125 / 181
	<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. Matthew J Muhart		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3501 Johnson Street		<b>Transaction ID:</b> 10569330
City State Zip Code Hollywood FL 33021-5421	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Healthcare System	Occupation Chief Financial Officer	
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>B.</b> Mr. Gary S Barber		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 3501 Johnson Street		<b>Transaction ID:</b> 10569337
City State Zip Code Hollywood FL 33021-5421	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Healthcare System	Occupation General Counsel	
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> Ms. Martha Garcia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 7250 Jacaranda Lane		<b>Transaction ID:</b> 10569347
City State Zip Code Miami Lakes FL 33014-2673	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Hospital of Jacksonville	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<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 126 / 181
	<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. Mr. Robert Reese</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 546-2 North East 7th Avenue		<b>Transaction ID: 10569351</b>	
City State Zip Code Ft. Lauderdale FL 33301		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Fort Lauderdale Hospital Chief Information Officer			
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>B. Mr. Nemuel O Artilles, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address Post Office Box 10011		<b>Transaction ID: 10572749</b>	
City State Zip Code Guayama PR 00785-4011		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Hospital Episcopal Cristo Redentor Executive 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. Ms. Ellen T. Menard</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 621 Pommander Walk		<b>Transaction ID: 10573379</b>	
City State Zip Code Alexandria VA 22314-3846		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Inova Health System Vice President Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<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 127 / 181
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William C. Powanda		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 27 Partridge Drive		<b>Transaction ID:</b> 10573520
City State Zip Code Seymour CT 06483-2217	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Griffin 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>B.</b> Mr. Alan D Knight		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 275 Sandwich Street		<b>Transaction ID:</b> 10573537
City State Zip Code Plymouth MA 02360-2183	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jordan 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. Thomas L. Bell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 4301 NW Valley Road		<b>Transaction ID:</b> 10573545
City State Zip Code Topeka KS 66618-3445	Amount of Each Receipt this Period 242.31	
FEC ID number of contributing federal political committee. C		
Name of Employer Kansas Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	992.31
<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 128 / 181
	<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. Fred J. Lucky		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 14607 West 89th Street		<b>Transaction ID:</b> 10573547	
City State Zip Code Lenexa KS 66215-2967		Amount of Each Receipt this Period 67.30	
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 ▼ 249.99	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Donald A. Wilson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 6840 S.W. Dancaster Road Post Office Box 2308		<b>Transaction ID:</b> 10573551	
City State Zip Code Topeka KS 66610-1411		Amount of Each Receipt this Period 87.50	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired		Occupation Former President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. J. Steve Perry		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 110 Hospital Lane		<b>Transaction ID:</b> 10573554	
City State Zip Code Afton WY 83110-0579		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Star Valley 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	404.80
<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 129 / 181
	<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. Karen A. Weller Gregersen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 2908 Vance Hill Road		<b>Transaction ID:</b> 10573558
City State Zip Code Newport Center VT 05857-9356	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North Country Hospital and Health Cent	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. Paul R Bengtson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address P O Box 905		<b>Transaction ID:</b> 10573559
City State Zip Code Saint Johnsbury VT 05819-9962	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northeastern Vermont Regional 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. Francis M Saba		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4
Mailing Address 14 Prospect Street		<b>Transaction ID:</b> 10573567
City State Zip Code Milford MA 01757-3090	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Milford-Whitinsville 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 ▼ 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 130 / 181
	<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. J. Frazer Rolan, Jr.

Mailing Address 2204 Lakeshore Drive  
Suite 230

City Birmingham State AL Zip Code 35209-6729

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

Name of Employer Alabama Hospital Association Occupation Sr. VP & Director, Federal Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2004

**Transaction ID: 10573748**

Amount of Each Receipt this Period  
550.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregg B. Everett

Mailing Address 8224 Parkview Court

City Montgomery State AL Zip Code 36117-6964

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

Name of Employer Alabama Hospital Association Occupation Sr. Vice President & General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2004

**Transaction ID: 10573749**

Amount of Each Receipt this Period  
504.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Danne J. Howard

Mailing Address 1812 Woodmere Loop

City Montgomery State AL Zip Code 36117-5004

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

Name of Employer Alabama Hospital Association Occupation VP, State Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 08 / 2004

**Transaction ID: 10573750**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1554.00
<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 131 / 181
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Rosemary Blackmon</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 4	
Mailing Address 547 Le Grand Place		<b>Transaction ID: 10573751</b>	
City State Zip Code Montgomery AL 36106-1825		Amount of Each Receipt this Period 252.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jane Knight</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 4	
Mailing Address 1612 Salisbury Place		<b>Transaction ID: 10573752</b>	
City State Zip Code Montgomery AL 36117-2562		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
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	

Full Name (Last, First, Middle Initial) <b>C. Mr. L.E. Peace, III</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 4	
Mailing Address P.O. Box 706		<b>Transaction ID: 10573753</b>	
City State Zip Code Evergreen AL 36401-0706		Amount of Each Receipt this Period 260.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Evergreen Medical Center Occupation Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	762.00
<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 132 / 181
	<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. Frank W Harris		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 4
Mailing Address 1567 Shady Ban Drive		<b>Transaction ID:</b> 10573755
City State Zip Code Jacksons Gap AL 36861-4054	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Russell 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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Barry S Cochran		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 4
Mailing Address PO Box		<b>Transaction ID:</b> 10573782
City State Zip Code Cullman AL 35056	Amount of Each Receipt this Period 1205.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cullman Regional Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1205.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. R. Thomas Cooper, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 4
Mailing Address 404 Paddock Lane		<b>Transaction ID:</b> 10573783
City State Zip Code Montgomery AL 36109-4625	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1555.00
<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 133 / 181
	<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. Donald M Ball Mailing Address 1725 Pine Street City State Zip Code Montgomery AL 36106-1117 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 4 <b>Transaction ID: 10574071</b> Amount of Each Receipt this Period 500.00
Name of Employer Jackson Hospital and Clinic 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>B.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey M Brannon, R.N. Mailing Address 500 Roehlig Street City State Zip Code Hartford AL 36344-1559 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4 <b>Transaction ID: 10574164</b> Amount of Each Receipt this Period 700.00
Name of Employer Medical Center Enterprise Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Valerie S. Kantowitz Mailing Address 82 Millers Grove Road City State Zip Code Belle Mead NJ 08502-4306 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4 <b>Transaction ID: 10580042</b> Amount of Each Receipt this Period 25.00
Name of Employer New Jersey Hospital Association Occupation Senior V.P., Health Planning & Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1225.00
<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 134 / 181
	<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. Paulette Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4	
Mailing Address 9 Vista Place		<b>Transaction ID: 10580052</b>	
City State Zip Code Red Bank NJ 07701-2331		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Meridian Health 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. Mr. Maurice P. Coffee</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4	
Mailing Address 90 Sayre Drive		<b>Transaction ID: 10580082</b>	
City State Zip Code Princeton NJ 08540-5837		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Virtua Health 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	

Full Name (Last, First, Middle Initial) <b>C. Ms. Belinda Brown Cooper</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4	
Mailing Address 121 Clear Creek Road		<b>Transaction ID: 10580086</b>	
City State Zip Code Langhorne PA 19047-2306		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation New Jersey Hospital Association Vice President, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	875.00
<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 135 / 181
	<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. John J. Dawidowski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 17 Brookshire Drive		<b>Transaction ID:</b> 10580087
City Robbinsville	State NJ	Zip Code 08691-2554
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer New Jersey Hospital Association	Occupation Vice President & General Manger	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Edward J. Dunn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 305 Hickory Lane		<b>Transaction ID:</b> 10580088
City Haddonfield	State NJ	Zip Code 08033-3813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Virtua Health	Occupation Vice President Human Resources	
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> Dr. James P Dwyer, D.O.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 15 Little John Drive		<b>Transaction ID:</b> 10580089
City Medford	State NJ	Zip Code 08055-8529
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Virtua Health	Occupation Executive Vice President and Chief Med	
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) ..... ▶	1125.00
<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 136 / 181
	<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. John E. Graydon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 93 Matlack Drive		<b>Transaction ID:</b> 10580090
City State Zip Code Voorhees NJ 08043-4723	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Virtua Health	Occupation Vice 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> Mr. Gary Long		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 2 Meadowview Drive		<b>Transaction ID:</b> 10580091
City State Zip Code Shamong NJ 08088-8596	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Virtua Health	Occupation Vice President/COO	
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. Gerard Lowe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 521 Justice Drive		<b>Transaction ID:</b> 10580092
City State Zip Code Marlton NJ 08053-5346	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Virtua Health	Occupation Vice President for 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) ..... ▶	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 137 / 181
	<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. Richard P Miller Mailing Address 37 Milton Drive City Marlton State NJ Zip Code 08053-5408 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4 <b>Transaction ID: 10580093</b> Amount of Each Receipt this Period 520.00
Name of Employer Virtua 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 ▼ 520.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Sean Patrick Murphy Mailing Address 45 Northvale Avenue City Little Silver State NJ Zip Code 07739-1509 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4 <b>Transaction ID: 10580094</b> Amount of Each Receipt this Period 375.00
Name of Employer Solaris Health System Occupation Senior Vice President Legal Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William F Oser, M.D. JD Mailing Address 5 Morningside Drive City Verona State NJ Zip Code 07044-1421 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4 <b>Transaction ID: 10580095</b> Amount of Each Receipt this Period 500.00
Name of Employer Solaris Health System Occupation Senior Vice President and Chief Medical 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) .....	<b>1395.00</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 138 / 181
	<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 Rivard		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 19 Fountain Court		<b>Transaction ID:</b> 10580096
City State Zip Code Cherry Hill NJ 08034-1149	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Virtua 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	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert M. Segin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 34 Milford Drive		<b>Transaction ID:</b> 10580097
City State Zip Code Marlton NJ 08053-1450	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Virtua Health	Occupation Chief Financial 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) Ms. Kathryn Wall		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 4
Mailing Address 19 Hardwicke Drive		<b>Transaction ID:</b> 10580099
City State Zip Code Voorhees NJ 08043-3712	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Virtua Health	Occupation Vice President Organizational Eff.	
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 139 / 181
	<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)  
Ms. Linda Wilson

Mailing Address 331 Jackson Road

City State Zip Code  
Atco NJ 08004-1646

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

Name of Employer Occupation  
Virtua Health Vice President Human Resources

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 4

**Transaction ID: 10580100**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code  
Malvern PA 19355-3441

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

Name of Employer Occupation  
New Jersey Hospital Association Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 495.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 4

**Transaction ID: 10580101**

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code  
Livingston NJ 07039-2750

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

Name of Employer Occupation  
New Jersey Hospital Association Vice President Continuing Care Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 4

**Transaction ID: 10580113**

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	880.00
<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 140 / 181
	<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 A. Carr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 2378 Orchard Crest Blvd.		Transaction ID: 10580235
City State Zip Code Manasquan NJ 08736-4001	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Jersey Hospital Association	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Theresa L. Edelstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 27 Harvest Lane		Transaction ID: 10580241
City State Zip Code Livingston NJ 07039-2750	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Jersey Hospital Association	Occupation Vice President Continuing Care Services	
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> Mr. Dewey Green		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address PO Box 25555		Transaction ID: 10580282
City State Zip Code Albuquerque NM 87125-0555	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lovelace Medical Center-Downtown	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<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 141 / 181
	<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. Jeffrey M. Dye		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 2121 Osuna Road NE		<b>Transaction ID:</b> 10580284
City State Zip Code Albuquerque NM 87113-1001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Mexico Hospitals & 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Stephen W McKernan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 2211 Lomas Boulevard N.E.		<b>Transaction ID:</b> 10580304
City State Zip Code Albuquerque NM 87106-2719	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University 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> Ms. Elizabeth Reil		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address PO Box 4491		<b>Transaction ID:</b> 10580305
City State Zip Code Albuquerque NM 87196-4491	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Mexico Org of Nurse Executives	Occupation Treasurer	
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 142 / 181
	<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. Lawrence Graeber		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address 1001 Holland Avenue		<b>Transaction ID:</b> 10580328
City State Zip Code Philadelphia MS 39350-2161	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Neshoba County General 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>B.</b> Mr. Dan M. Harrison		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address 110 South Lane		<b>Transaction ID:</b> 10580331
City State Zip Code Newton MS 39345-2908	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Rush Foundation Hospital	Occupation Executive Vice 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>C.</b> Mr. G Douglas Higginbotham		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address P O Box 607		<b>Transaction ID:</b> 10580332
City State Zip Code Laurel MS 39441-0607	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer South Central Regional Medical Center	Occupation Executive Director	
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) ..... ▶	575.00
<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 143 / 181
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jerry Howell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address 1560 Sumrall Road		<b>Transaction ID:</b> 10580334
City State Zip Code Columbia MS 39429-2654	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Marion 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 ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Alexander J. Hatala		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 4
Mailing Address 1 Lucas Court		<b>Transaction ID:</b> 10580368
City State Zip Code Mt. Laurel NJ 08103-3101	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Our Lady of Lourdes Medic- al Center	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lance Moak		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address Post Office Box 636		<b>Transaction ID:</b> 10580390
City State Zip Code Meadville MS 39653-0636	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Franklin County Memorial Hospital	Occupation Administrator	
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) ..... ▶	725.00
<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 144 / 181
	<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. Morris (Chuck) A. Reece		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address 1314 19th Avenue		<b>Transaction ID:</b> 10580397
City State Zip Code Meridian MS 39301-4116	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rush Foundation Hospital	Occupation Chief Operations 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. G Edward Tucker, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address P O Box 16389		<b>Transaction ID:</b> 10580406
City State Zip Code Hattiesburg MS 39404-6389	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Forrest General Hospital	Occupation Chief Financial 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. Frederick Woodrell, CHE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 4
Mailing Address 2500 North State Street		<b>Transaction ID:</b> 10580410
City State Zip Code Jackson MS 39216-4505	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University Hospitals and Clinics, Univ	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) ..... ▶	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 145 / 181
	<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. Jeffrey Brickman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 333 North Madison Street		<b>Transaction ID:</b> 10580461
City State Zip Code Joliet IL 60435-8200	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Provena Saint Joseph Medical Center	Occupation Chairman	
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. Joseph V. Connell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1151 East Warrenville Road		<b>Transaction ID:</b> 10580462
City State Zip Code Naperville IL 60563-9339	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Illinois Hospital and HealthSystems As	Occupation Senior Manager	
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. Bruce K Crowther		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 800 West Central Road		<b>Transaction ID:</b> 10580463
City State Zip Code Arlington Heights IL 60005-2392	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwest Community 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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<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 146 / 181
	<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. Richard B Floyd		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 934 Center Street		<b>Transaction ID:</b> 10580465	
City State Zip Code Elgin IL 60120-2198	Amount of Each Receipt this Period 302.50		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sherman 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 ▼ 319.50		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Michael M. Mitchel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 2601 South LaSalle Street		<b>Transaction ID:</b> 10580469	
City State Zip Code Chicago IL 60616-2795	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mount Sinai 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. K. Bruce Stickler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address 333 West Wacker Drive Suite 172		<b>Transaction ID:</b> 10580471	
City State Zip Code Chicago IL 60606-1220	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mount Sinai Hospital	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) ..... ▶	802.50
<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 147 / 181
	<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. Kathleen C Yosko		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4	
Mailing Address P O Box 795		<b>Transaction ID:</b> 10580472	
City Wheaton	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60189-0795		Transaction ID: 10580472	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Marianjoy 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>B.</b> Mr. F. Perry Wilson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 1450 Chapel Street		<b>Transaction ID:</b> 10580677	
City New Haven	State CT	Amount of Each Receipt this Period 250.00	
Zip Code 06511-4405		Transaction ID: 10580677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Saint Raphael Healthcare System	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Lawrence U. Haspel, D.O.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 4	
Mailing Address 222 S Riverside Plaza 19th Floor		<b>Transaction ID:</b> 10580678	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60606-5808		Transaction ID: 10580678	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Metropolitan Chicago Healthcare Council	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) .....	750.00

**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 148 / 181
	<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 King		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 273 Country Road		<b>Transaction ID:</b> 10580679
City State Zip Code New London NH 03257-5736	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New London 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>B.</b> Mr. Alan Olive		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 10101 Double R Blvd.		<b>Transaction ID:</b> 10580680
City State Zip Code Reno NV 89521-5931	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washoe Medical Center	Occupation Administrator	
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.</b> Mr. David E Phelps		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 4
Mailing Address 725 North Street		<b>Transaction ID:</b> 10580681
City State Zip Code Pittsfield MA 01201-4124	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Berkshire Health Systems, 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 ▼ 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 149 / 181
	<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)  
Dr. Gary L Gottlieb, M.D.

Mailing Address 75 Francis Street

City State Zip Code  
Boston MA 02115-6106

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

Name of Employer Occupation  
Brigham and Women's Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 4

**Transaction ID: 10580682**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig N Melin

Mailing Address P O Box 5001

City State Zip Code  
Northampton MA 01061-5001

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

Name of Employer Occupation  
Cooley Dickinson Hospital President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 4

**Transaction ID: 10580683**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark R Stoddard

Mailing Address 549 North 400 East

City State Zip Code  
Nephi UT 84648-1226

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

Name of Employer Occupation  
Central Valley Medical Center President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 4

**Transaction ID: 10580684**

Amount of Each Receipt this Period  
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 150 / 181
	<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. Eva C. LaBarge</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 6434 Sun Flag Ct.		<b>Transaction ID: 10580686</b>
City State Zip Code Sparks NV 89436-5400	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nevada Hospital Association Occupation Director of Operations	Aggregate Year-to-Date ▼ 850.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Juan Rivera Rivera</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 1050-10 Street Villa Nevarez		<b>Transaction ID: 10580688</b>
City State Zip Code San Juan PR 00927	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Puerto Rico Hospital Association Occupation Executive Vice President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas B. Bralliar, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 22089 Shaker Blvd.		<b>Transaction ID: 10583623</b>
City State Zip Code Shaker Heights OH 44122-2643	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cleveland Clinic Foundation Occupation Chief Executive Officer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 151 / 181
	<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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bradley N. Brown

Mailing Address 975 East Third Street

City State Zip Code  
Chattanooga TN 37403-2163

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

Name of Employer Erlanger Medical Center Occupation Chief Information 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 2 / 3 0 / 2 0 0 4

Transaction ID: 10584485

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steve Altmiller

Mailing Address 801 West Maple Street

City State Zip Code  
Farmington NM 87401-5698

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 10584534

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James V. Ferando

Mailing Address P. O. Box 26666

City State Zip Code  
Albuquerque NM 87125-6666

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

Name of Employer Presbyterian Healthcare Services Occupation Sr. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 10584539

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 152 / 181
	<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. Mark W Reifsteck

Mailing Address P O Box 26666

City State Zip Code  
Albuquerque NM 87125-6666

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

Name of Employer Presbyterian Healthcare Services  
Occupation Senior Vice President and Chief Operat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID: 10584540**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James H Hinton

Mailing Address 5901 Harper Drive NE

City State Zip Code  
Albuquerque NM 87109-3589

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

Name of Employer Presbyterian Healthcare Services  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID: 10584541**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl W Mantey

Mailing Address 2669 North Scenic Drive

City State Zip Code  
Alamogordo NM 88310-8799

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

Name of Employer Gerald Champion Regional Medical Cente  
Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID: 10584542**

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 153 / 181
	<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. Norm Becker</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address 2121 Osuna Road, NE		<b>Transaction ID: 10588095</b>	
City State Zip Code Albuquerque NM 87113-1001		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Lovelace Medical Center-Gibson		Occupation President & Chief Executive Officer	
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>B. Ms. Maureen L. Boshier</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address 375 Middle Street		<b>Transaction ID: 10588098</b>	
City State Zip Code Portsmouth VA 23704-2826		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer New Mexico Hospitals & Health Systems		Occupation Former 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. Warren K Spellman</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address P O Box DD		<b>Transaction ID: 10588107</b>	
City State Zip Code Taos NM 87571-6284		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Holy Cross Hospital		Occupation Administrator	
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) ..... ▶	1050.00
<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 154 / 181
	(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	<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. Stephen J Campbell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address Post Office Box 489		<b>Transaction ID:</b> 10588109	
City Clayton	State NM	Zip Code 88415-0489	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Union County General Hospital	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David J Baltzer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address		<b>Transaction ID:</b> 10588110	
City Albuquerque	State NM	Zip Code	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
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. Dan H Akin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address 3917 West Road		<b>Transaction ID:</b> 10588115	
City Los Alamos	State NM	Zip Code 87544-2293	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Los Alamos 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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<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 155 / 181
	(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	<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 L Hummer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 4311 East Lohman Avenue		<b>Transaction ID:</b> 10588117
City State Zip Code Las Cruces NM 88011-8255	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MountainView 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 ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Fred Woody		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 2430 West Pierce Street		<b>Transaction ID:</b> 10588118
City State Zip Code Carlsbad NM 88220-3597	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carlsbad 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. Claude E Camp, , III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4
Mailing Address 702 North 13th Street		<b>Transaction ID:</b> 10588120
City State Zip Code Artesia NM 88210-1199	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Artesia 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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<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 156 / 181
	<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. Marcella A Romero		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 4	
Mailing Address 1010 Spruce Street		<b>Transaction ID:</b> 10588121	
City State Zip Code Espanola NM 87532-2746	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Espanola 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>B.</b> Mr. John Jurica		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4	
Mailing Address 325 Rock Creek Drive		<b>Transaction ID:</b> 10588351	
City State Zip Code Manteno IL 60950-3470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Riverside 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> KS Hospital Assn PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 4	
Mailing Address 215 SE 8th Street		<b>Transaction ID:</b> 12674414	
City State Zip Code Topeka KS 66603-3906	Amount of Each Receipt this Period 0.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kansas Hospital Association	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$299.54 This changes the YTD Total to \$0.-00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<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 157 / 181
	(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. Melinda Reid Hatton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726214226
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 187.50
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 VP & Chief Washington Counsel	Aggregate Year-to-Date ▼ 875.00	
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: PR327727314226
Mailing Address 107 East Lane		Amount of Each Receipt this Period 57.48
City Lake Barrington State IL Zip Code 60010-1939	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs	Aggregate Year-to-Date ▼ 461.52	
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: PR327745914226
Mailing Address 11004 Petersborough		Amount of Each Receipt this Period 60.00
City Rockville State MD Zip Code 20852-3249	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, Grassroots Advocacy	Aggregate Year-to-Date ▼ 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	304.98
<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 158 / 181
	<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. Debra J. Stock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327777814226
Mailing Address One North Franklin		Amount of Each Receipt this Period 28.74
City State Zip Code Chicago IL 60606-3436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations	Aggregate Year-to-Date 230.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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: PR327812014226
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi Occupation Executive Director	Aggregate Year-to-Date 461.52	
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. Robert J. Donovan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327846214226
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 28.74
City State Zip Code Chicago IL 60606	FEC ID number of contributing federal political committee. C	P/R Deduction (\$9.62 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, Meetings & Travel Serv	Aggregate Year-to-Date 230.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	114.96
<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 159 / 181
	<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. Ellen A. Pryga		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327851914226	
Mailing Address 2401 Calvert Street, NW Apt. 1008		Amount of Each Receipt this Period 11.80	
City Washington      State DC      Zip Code 20008-2614	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development	Aggregate Year-to-Date ▼ 226.18		
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. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858014226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 249.94	
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 Director, AHAPAC	Aggregate Year-to-Date ▼ 916.66		
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. John F. Barry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327877814226	
Mailing Address One North Franklin		Amount of Each Receipt this Period 57.48	
City Millis      State MA      Zip Code 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$41.66 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ 461.52		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	319.22
<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 160 / 181
	<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. Mr. George F. Bergstrom</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		<b>Transaction ID: PR327895714226</b>	
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 57.48		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 461.52		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard J. Davidson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: PR327942114226</b>	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 920.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Lorsbach</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 204 South 7th Avenue		<b>Transaction ID: PR328136914226</b>	
City State Zip Code La Grange IL 60525-6406	Amount of Each Receipt this Period _____ 124.93		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 916.66		P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>302.41</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 161 / 181
	<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	

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. Donna J. Melkonian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223814226	
Mailing Address 5545 N. Wayne		Amount of Each Receipt this Period 57.48	
City Chicago	State IL	Zip Code 60640-1318	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 461.52	
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) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224814226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 461.52	
Name of Employer American Hospital Association-Washingt	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224914226	
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 120.00	
City Silver Spring	State MD	Zip Code 20906	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 920.00	
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	234.96
<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 162 / 181
	<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	

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. Ronald O. Purcell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328241414226
Mailing Address 1093 N. Faldo Way		Amount of Each Receipt this Period 60.00
City State Zip Code Eagle ID 83616-5369	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.78 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 ▼ 460.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260914226
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 230.61
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 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 ▼ 1846.14	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310414226
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 120.00
City State Zip Code Arnold MD 21012-2126	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	410.61
<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 163 / 181
	<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. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312714226	
Mailing Address 1001 N. Potomac St.		Amount of Each Receipt this Period 57.48	
City Arlington	State VA	Zip Code 22205-1629	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341814226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 60.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Carla L. Luggiero		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328490114226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 30.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$10.00 Bi-Weekly)
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 ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	147.48
<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 164 / 181
	<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. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511814226	
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 57.48	
City Yardley	State PA	Zip Code 19067-5736	P/R Deduction (\$47.60 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 461.52	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Henrietta S. Fielek		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328527314226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 115.19	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 923.06	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Anthony J. Burke		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328913314226	
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 62.36	
City Chicago	State IL	Zip Code 60606	P/R Deduction (\$20.84 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer AHA Financial Solutions, Inc.	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.03
<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 165 / 181
	<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. Mr. W. Thomas Deweese</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329215714226	
Mailing Address 500 Interstate Boulevard South		Amount of Each Receipt this Period 172.98	
City Nashville State TN Zip Code 37210-4634	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$40.00 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 ▼ 923.07		

Full Name (Last, First, Middle Initial) <b>B. Mr. John Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329342614226	
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 31.18	
City Chicago State IL Zip Code 60606	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.16		

Full Name (Last, First, Middle Initial) <b>C. Ms. Barbara Jackier</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329825814226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer Occupation Director of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	261.64
<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 166 / 181
	<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. Robert K. Kirk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329988014226
Mailing Address 1215 K Street Suite 800		Amount of Each Receipt this Period 62.36
City Sacramento State CA Zip Code 95814-3945	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.32	P/R Deduction (\$20.84 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Tama Mattocks		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330273414226
Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700		Amount of Each Receipt this Period 62.36
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation American Hospital Association-Washingt Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.32	P/R Deduction (\$20.00 Bi-Weekly)

<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: PR330411614226
Mailing Address One North Franklin		Amount of Each Receipt this Period 39.44
City Chicago State IL Zip Code 60606-3436	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation American Hospital Association-Chicago Associate Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.68	P/R Deduction (\$13.16 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.16
<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 167 / 181						
	(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) Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475414226	
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 115.19	
City State Zip Code Apple Valley MN 55124-9229	FEC ID number of contributing federal political committee. C		
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 ▼ 923.06		
P/R Deduction (\$40.00 Bi-Weekly)			

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330524814226	
Mailing Address 195 Oxford Court		Amount of Each Receipt this Period 124.93	
City State Zip Code Alamo CA 94507-1753	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.66		
P/R Deduction (\$40.00 Bi-Weekly)			

<b>C.</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: PR330534314226	
Mailing Address 6109 North 9th Road		Amount of Each Receipt this Period 62.36	
City State Zip Code Arlington VA 22205-1609	FEC ID number of contributing federal political committee. C		
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 ▼ 458.32		
P/R Deduction (\$20.00 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	302.48
<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 168 / 181						
	(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. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549214226	
Mailing Address One North Franklin		Amount of Each Receipt this Period 57.48	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 461.52	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Curtis D. Rooney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330847414226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 57.48	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$19.24 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 ▼ 461.52	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331304214226	
Mailing Address 2303 Burke Avenue		Amount of Each Receipt this Period 11.80	
City Alexandria	State VA	Zip Code 22301-1101	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer American Hospital Association-Washingt	
Occupation Dir., Advocacy & Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 226.18	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.76
<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 169 / 181
	<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. Jo Ann Webb		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331379114226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 35.62	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Organization of Nurse Executi Occupation Director, Federal Relations & Policy	Aggregate Year-to-Date ▼ 226.18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$14.71 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331386914226	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 28.74	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Associa- tion-Washingt Occupation Senior Associate Director	Aggregate Year-to-Date ▼ 230.76		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331533214226	
Mailing Address 521 Great Falls Street		Amount of Each Receipt this Period 62.36	
City Falls Church State VA Zip Code 22046-2613	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Associa- tion-Washingt Occupation Vice President, Policy	Aggregate Year-to-Date ▼ 458.32		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.72
<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 170 / 181
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms. Elizabeth Summy</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		<b>Transaction ID: PR346168114226</b>	
City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period _____ 46.81
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 218.74		
		P/R Deduction (\$10.41 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Ms. Kristin Welsh</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: PR517619714226</b>	
City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period _____ 62.36
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 ▼ _____ 458.32		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Ms. Ashley B. Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 606 South Royal Street		<b>Transaction ID: PR766023714226</b>	
City Alexandria	State VA	Zip Code 22314-4142	Amount of Each Receipt this Period _____ 78.88
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director, Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 447.36		
		P/R Deduction (\$26.32 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>188.05</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 171 / 181
	<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. Rochelle M. Archuleta</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR801366314226
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 11.80
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 Senior Associate Dir. Policy Developme Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.18	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lisa Kidder</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR876637214226
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 35.62
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 Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.18	

Full Name (Last, First, Middle Initial) <b>C. Mr. David A. Strickland</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR939603914226
Mailing Address One N. Franklin Street		Amount of Each Receipt this Period 28.74
City Chicago      State IL      Zip Code 60606	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi Occupation Director of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	76.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	143210.28

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 172 / 181
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
HCA Good Government Fund-Federal PAC

Mailing Address On Park Plaza  
PO Box 550

City Nashville State TN Zip Code 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 0 / 2 0 0 4

Transaction ID: 10547978

Amount of Each Receipt this Period  
5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 / 181
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
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 ▼  
58900.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	4

Transaction ID: 10561120

Amount of Each Receipt this Period  
21600.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	21600.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 174 / 181	
	(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"/> 14	<input checked="" 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) A. Media Placement Technologies	
Mailing Address 1717 King Street	
City Alexandria	State Zip Code VA 22314
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1838.94

Date of Receipt MM / DD / YYYY 12 / 31 / 2004
Transaction ID: 10569371
Amount of Each Receipt this Period 1838.94
Refund of Independent Expenditure

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1838.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1838.94

**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 175 / 181
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 4	
Mailing Address 1400 G Street, NW		Transaction ID: 10580436	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 139.28		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2766.29		
		Bank Interest Received	

Full Name (Last, First, Middle Initial) Citibank, F.S.B.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 4	
Mailing Address 1400 G Street, NW		Transaction ID: 10584518	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 111.94		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2627.01		
		Bank Interest Received (1-60)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	251.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	251.22

**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 176 / 181

<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>Transaction ID:</b> 10580433																					
<b>A. Merchant Bankcard</b>		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>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	6		2	0	0	4														
City Dallas	State TX	Zip Code 75201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		<input type="checkbox"/> 001	<input type="text" value="3.50"/>																				
Candidate Name		Category/ Type																					
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:	Bank Fees																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 10580438																					
<b>B. Citibank, F.S.B.</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>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	0		2	0	0	4														
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees		<input type="checkbox"/> 001	<input type="text" value="36.84"/>																				
Candidate Name		Category/ Type																					
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:	Bank Fees																						

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

**TOTAL** 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 177 / 181

<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 Bud Cramer</b>		<b>Transaction ID: 10584266</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 4
Mailing Address P.O. Box 2621		Amount of Each Disbursement this Period -2500.00
City Huntsville State AL Zip Code 35804	011 Category/ Type	
Purpose of Disbursement Void of 9/9/2004 check		
Candidate Name Rep. Robert E. Cramer, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 5	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General Congres	Void of 9/9/2004 check

Full Name (Last, First, Middle Initial) <b>B. Herseth For Congress</b>		<b>Transaction ID: 10459575</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Stephanie Herseth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General Debt Re	Contribution

Full Name (Last, First, Middle Initial) <b>C. Friends Of George Allen</b>		<b>Transaction ID: 10462163</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 4
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22206	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. George F. Allen		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-500.00
<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)

PAGE 178 / 181

<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. Alliance for the West</b>		<b>Transaction ID:</b> 10462154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 1510 Woodbine Street		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22302	2004 Contribution	
Purpose of Disbursement 2004 Contribution Candidate Name		011 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. Friends Of Kent Conrad</b>		<b>Transaction ID:</b> 10462161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address PO Box 812		Amount of Each Disbursement this Period 1000.00
City Bismarck State ND Zip Code 58502	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Kent Conrad		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Leadership Circle, The</b>		<b>Transaction ID:</b> 10462156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 4
Mailing Address 414 Fayetteville Street Mall Suite 200		Amount of Each Disbursement this Period 1500.00
City Raleigh State NC Zip Code 27601	2004 Contribution	
Purpose of Disbursement 2004 Contribution Candidate Name		011 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) ..... ▶	5500.00
<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)

PAGE 179 / 181

<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. Stabenow For Us Senate</b>		<b>Transaction ID:</b> 10546323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00 Contribution
City East Lansing State MI Zip Code 48826	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wally Herger For Congress Committee</b>		<b>Transaction ID:</b> 10546326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 4
Mailing Address P.O. Box 1500		Amount of Each Disbursement this Period 1000.00 Contribution
City Chico State CA Zip Code 95927	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Wally Herger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wally Herger For Congress Committee</b>		<b>Transaction ID:</b> 10588149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 4
Mailing Address P.O. Box 1500		Amount of Each Disbursement this Period -1000.00 Void 10-14-2004 check
City Chico State CA Zip Code 95927	011 Category/ Type	
Purpose of Disbursement Void 10-14-2004 check		
Candidate Name Rep. Wally Herger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General Congres	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<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)

PAGE 180 / 181

<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 Hillary</b>		<b>Transaction ID:</b> 10490178 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 4
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 2750.00 contribution
City Washington State DC Zip Code 20036	011 Category/Type	
Purpose of Disbursement contribution		
Candidate Name Sen. Hillary Rodham Clinton		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Martinez For Senate</b>		<b>Transaction ID:</b> 10546322 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 4
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 5000.00 Contribution
City Tampa State FL Zip Code 33606	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Mel Martinez		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General Debt Re	

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

7750.00

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

13750.00

# 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)

PAGE 181 / 181

<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 checked="" 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. KS Hospital Assn PAC</b>		Transaction ID: 10475992 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 4
Mailing Address 215 SE 8th Street		Amount of Each Disbursement this Period 299.54
City Topeka	State KS Zip Code 66603-3906	
Purpose of Disbursement		010 Category/ Type
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) .....	▶	299.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	299.54