

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1038787.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	967364.25									
(c) Total Receipts (from Line 19)	254668.95	1164146.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1222033.20	2202934.53								
7. Total Disbursements (from Line 31)	98405.51	1079306.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1123627.69	1123627.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	114111.04	418970.68
(i) Itemized (use Schedule A)	57720.39	264484.22
(ii) Unitemized	171831.43	683454.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6750.00
(c) Other Political Committees (such as PACs)	171831.43	690204.90
(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	82450.00	465975.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2022.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	387.52	3444.65
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))	254668.95	1164146.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	254668.95	1164146.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	405.51	4673.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	405.51	4673.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	98000.00	1073580.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	750.00
29. Other Disbursements.....	0.00	303.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	98405.51	1079306.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98405.51	1079306.84

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)	171831.43	690204.90
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	171831.43	689454.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	405.51	4673.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	405.51	2651.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Sandra Elza

Mailing Address P O Box 720

City State Zip Code
Ripley WV 25271-0720

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

Name of Employer Occupation
Jackson General 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 Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: 14625353

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Dorothy Oakes

Mailing Address 2042 Henry Clay Drive

City State Zip Code
Morgantown WV 26508-0020

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

Name of Employer Occupation
West Virginia University Hospitals VP CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: 14625365

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph Endrich, , M.D.

Mailing Address 601 Colliers Way

City State Zip Code
Weirton WV 26062-5014

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

Name of Employer Occupation
Weirton Medical Center 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 0 / 0 9 / 2 0 0 7

Transaction ID: 14625368

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. George Perich

Mailing Address 905 Riverview Drive

City State Zip Code
Fairmont WV 26554-1435

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fairmont General Hospital Vice President Human Resources and Lega

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14625369

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark Doak

Mailing Address P O Box 1484

City State Zip Code
Elkins WV 26241-1484

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Davis Memorial Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

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

Transaction ID: 14625370

Amount of Each Receipt this Period 262.50

C.

Full Name (Last, First, Middle Initial)
Zarina Rasheed, MD

Mailing Address 56 Timberidge Drive

City State Zip Code
Beckley WV 25801-3610

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Beckley Appalachian Regional Hospital Medical 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 0 / 0 9 / 2 0 0 7

Transaction ID: 14625371

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	762.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bruce McClymonds

Mailing Address Medical Center Drive

City Morgantown State WV Zip Code 26506-4749

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

Name of Employer West Virginia University Hospitals
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2007
Transaction ID: 14625372
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr Robert D Whittler

Mailing Address 5 Evergreen Drive

City Elkview State WV Zip Code 25071-9314

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

Name of Employer Charleston Area Medical Center
Occupation Vice President Government and Community

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2007
Transaction ID: 14625373
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Tony E Atkins

Mailing Address 1 Amalia Drive

City Buckhannon State WV Zip Code 26201-2276

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

Name of Employer St. Joseph's Hospital of Buckhannon
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2007
Transaction ID: 14625374
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 156
	<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 Larry C Hudson		Date of Receipt
	Mailing Address 5035 Bennington Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Charleston	WV	25313-2055
	FEC ID number of contributing federal political committee. C		Transaction ID: 14625375
Name of Employer Charleston Area Medical Center		Occupation Executive Vice President and Chief Fin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Mr. David L Ramsey		Date of Receipt
	Mailing Address P O Box 1547		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Charleston	WV	25326-1547
	FEC ID number of contributing federal political committee. C		Transaction ID: 14625376
Name of Employer Charleston Area Medical Center Health		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr. Todd Campbell		Date of Receipt
	Mailing Address 125 Water Side Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Winfield	WV	25213-9551
	FEC ID number of contributing federal political committee. C		Transaction ID: 14625377
Name of Employer St. Mary's Medical Center		Occupation Vice President Financial Affairs and C	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Glenn Crotty, , Jr., M.D.

Mailing Address 36E Coventry Road

City State Zip Code
South Charleston WV 25309

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

Name of Employer Occupation
Charleston Area Medical Center Executive Vice President and Chief Operating Officer

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

Date of Receipt

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

Transaction ID: 14625378

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John McKnight

Mailing Address 210 Rivercrest Drive

City State Zip Code
Morgantown WV 26508-9000

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

Name of Employer Occupation
Monongalia General Hospital Medical Director

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

Date of Receipt

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

Transaction ID: 14625380

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Roger S. John

Mailing Address P O Box 506

City State Zip Code
Phillipsburg KS 67661-0506

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

Name of Employer Occupation
Great Plains Health Alliance, Inc. President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14626235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 156
	<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. Gregory S Lundstrom

Mailing Address 605 West Lincoln Street

City Lindsborg State KS Zip Code 67456-2328

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

Name of Employer Lindsborg Community Hospital Occupation Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2007

Transaction ID: 14626236

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry R Lambert, , CHE

Mailing Address 1510 W. 20th Park Place

City Emporia State KS Zip Code 66801-5790

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

Name of Employer Newman Regional Health Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2007

Transaction ID: 14626237

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter H Alexander

Mailing Address 2001 West 86th Street, 7th Fl

City Indianapolis State IN Zip Code 46260-1902

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

Name of Employer Seton Specialty Hospital of Indianapolis Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2007

Transaction ID: 14626313

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kyle De Fur, , FACHE

Mailing Address 8402 Harcourt Road

City Indianapolis State IN Zip Code 46260-2074

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

Name of Employer St. Vincent Hospitals and Health Servi Occupation President

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

Date of Receipt 10 / 10 / 2007
Transaction ID: 14626314
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Sarah Patterson

Mailing Address 1100 Ninth Avenue

City Seattle State WA Zip Code 98101-2756

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

Name of Employer Virginia Mason Medical Ce- nter Occupation Administrator

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

Date of Receipt 10 / 01 / 2007
Transaction ID: 14629910
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy Steiger

Mailing Address 2901 Squalicum Parkway

City Bellingham State WA Zip Code 98225-1851

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

Name of Employer St. Joseph Hospital Occupation Chief Executive Officer

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

Date of Receipt 10 / 01 / 2007
Transaction ID: 14629911
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Ms. Gail C Larson

Mailing Address P O Box 1147

City State Zip Code
Everett WA 98206-1147

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

Name of Employer
Formerly Providence Everett Medical Ce

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 14629912

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James A Wathen

Mailing Address 900 11th Street SE

City State Zip Code
Bandon OR 97411-9114

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

Name of Employer
Southern Coos Hospital and Health Cent

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

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

Transaction ID: 14643167

Amount of Each Receipt this Period

675.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Rosemari Davis

Mailing Address 2700 SE Stratus Avenue

City State Zip Code
McMinnville OR 97128-6255

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

Name of Employer
Willamette Valley Medical Center

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.00

Date of Receipt

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

Transaction ID: 14643170

Amount of Each Receipt this Period

212.00

SUBTOTAL of Receipts This Page (optional)

1387.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Jay Henry

Mailing Address 2460 SE Bitterbrush

City Madras State OR Zip Code 97741-9443

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

Name of Employer Mountain View Hospital District Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt 10 / 01 / 2007

Transaction ID: 14643173

Amount of Each Receipt this Period 202.00

B.

Full Name (Last, First, Middle Initial)
Mr. Andrew S. Davidson

Mailing Address 2123 Ridgebrook Drive

City West Linn State OR Zip Code 97068-1943

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

Name of Employer Oregon Association of Hospitals & Health Care Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2007

Transaction ID: 14643174

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Gwen Dayton

Mailing Address 12781 SW Terraview Drive

City Tigard State OR Zip Code 97224-0703

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

Name of Employer Oregon Association of Hospitals & Health Care Occupation Vice President & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2007

Transaction ID: 14643175

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **952.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 156
	<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. Kevin Earls	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 671 Kingwood Drive, NW	Transaction ID: 14643176
	City State Zip Code Salem OR 97304-3656	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Oregon Association of Hospitals & Health Care 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	

B.	Full Name (Last, First, Middle Initial) Mr. Steven E Brown, , FACHE	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 12040 NE 128th Street	Transaction ID: 14652813
	City State Zip Code Kirkland WA 98034-3013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Evergreen Healthcare 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) Mr. Ronald O'Halloran	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 36 Klondike Road	Transaction ID: 14652814
	City State Zip Code Republic WA 99166-9701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ferry County Memorial Hospital Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 156
(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

A. Full Name (Last, First, Middle Initial)
Mr. Scott W Bosch

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4270

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

Name of Employer Occupation
Harrison Medical Center 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14652815

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Kruse

Mailing Address 6860 NW RAnger Way

City State Zip Code
Silverdale WA 98383-6306

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

Name of Employer Occupation
Harrison Medical Center 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 Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652816

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Mike Miller

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

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

Name of Employer Occupation
Harrison Medical Center Administrator

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14652817

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 156
	(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

A.	Full Name (Last, First, Middle Initial) Mr. John Wallen	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 2520 Cherry Avenue	Transaction ID: 14652818
	City State Zip Code Bremerton WA 98310-4229	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harrison Medical Center CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Rand J Wortman	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 888 Swift Boulevard	Transaction ID: 14652819
	City State Zip Code Richland WA 99352-3542	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kadlec 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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Harold S Geller	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 315 North 14th Street	Transaction ID: 14652820
	City State Zip Code Othello WA 99344-1297	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Othello Community Hospital Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Elaine Couture

Mailing Address 101 West Eighth Avenue

City State Zip Code
Spokane WA 99204-2307

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

Name of Employer Occupation
Sacred Heart Medical Center 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14652821

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Greg Reed

Mailing Address 2000 Hospital Drive

City State Zip Code
Sedro Woolley WA 98284-4327

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

Name of Employer Occupation
United General 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14652822

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. James Haven

Mailing Address 2811 Tieton Drive

City State Zip Code
Yakima WA 98902-3761

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

Name of Employer Occupation
Yakima Valley Memorial Hospital 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14652823

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dennis A Popp

Mailing Address P O Box 218

City State Zip Code
Enumclaw WA 98022-0218

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

Name of Employer Enumclaw Regional Hospital Occupation Administrator and Chief Executive Offi

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652824

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael D. Wilson

Mailing Address 1228 E. Overbluff

City State Zip Code
Spokane WA 99203-3453

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

Name of Employer Sacred Heart Medical Center Occupation President & Chief Operating Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652825

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregg A Davidson

Mailing Address P O Box 1376

City State Zip Code
Mount Vernon WA 98273-1376

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

Name of Employer Skagit Valley Hospital Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652826

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. John T Evans, Jr.

Mailing Address P O Box 1887

City State Zip Code
Wenatchee WA 98807-1887

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

Name of Employer Central Washington Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652827

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Victoria S. Galanti

Mailing Address 300 Elliott Avenue W.
Ste. 300

City State Zip Code
Seattle WA 98119-4198

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

Name of Employer Washington State Hospital Association
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14652828

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City State Zip Code
Norfolk VA 23502-3819

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

Name of Employer Sentara Healthcare
Occupation Senior Vice President & CFO

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14653214

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr Reese Jackson

Mailing Address 103 Anne Glass Road

City State Zip Code
Winchester VA 22602-6679

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

Name of Employer Occupation
Valley Health System Executive 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14653219

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Harry Meador, II

Mailing Address 4925 Boonesboro Road

City State Zip Code
Lynchburg VA 24503-2207

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

Name of Employer Occupation
Centra Health VP, Director Cardiac Services

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653220

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. George W Dawson

Mailing Address 1920 Atherholt Road

City State Zip Code
Lynchburg VA 24501-1104

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

Name of Employer Occupation
Centra Health 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14653221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City	State	Zip Code
Centreville	VA	20120-3755

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

Name of Employer Mary Washington Hospital	Occupation Vice President, Nursing
--	---------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653228

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Natalie Kaszubowski

Mailing Address 300 East 40th Street

City	State	Zip Code
Norfolk	VA	23504-1010

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

Name of Employer Sentara Healthcare	Occupation Corporate Director of Clinical Resourc
--	--

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653235

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Ms. Elizabeth Long

Mailing Address 7723 Stuart Hall Road

City	State	Zip Code
Richmond	VA	23229-6615

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

Name of Employer Virginia Hospital & Health-care Associa	Occupation Vice President
---	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653239

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 156
(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

A. Full Name (Last, First, Middle Initial)
Ms. Donna Littlepage

Mailing Address 610 Broce Drive

City Blacksburg State VA Zip Code 24060-2802

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

Name of Employer Carilion Health System Occupation Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2007
Transaction ID: 14653240
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Hugh Thornhill

Mailing Address 2715 Rosalind Avenue, SW

City Roanoke State VA Zip Code 24014-2329

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

Name of Employer Carilion Health System Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2007
Transaction ID: 14653247
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Matthew Keats

Mailing Address 4417 Corporation Lane

City Virginia Beach State VA Zip Code 23462-3162

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

Name of Employer Sentara Virginia Beach General Hospital Occupation VP, Medical Care Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2007
Transaction ID: 14653260
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. William H. Flanagan, Jr.

Mailing Address 3131 Rivanna Court

City State Zip Code
Woodbridge VA 22192-3373

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

Name of Employer Occupation
Potomac Hospital Executive 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14653261

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. John F. Duval

Mailing Address 3307 Brewton Way

City State Zip Code
Midlothian VA 23113-3793

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

Name of Employer Occupation
VCU Health System Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653265

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Nancy H Agee

Mailing Address 802 Cherrywood Road

City State Zip Code
Salem VA 24153-2755

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

Name of Employer Occupation
Chesapeake General Hospital Director, Volunteer Services

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14653266

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 156
	<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. Joseph L Woodin

Mailing Address P O Box 2000

City State Zip Code
Randolph VT 05060-2000

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

Name of Employer: Gifford Medical Center Occupation: President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2007
Transaction ID: 14653279
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Barry G Beeman

Mailing Address 17 Belmont Avenue

City State Zip Code
Brattleboro VT 05301-6613

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

Name of Employer: Brattleboro Memorial Hospital Occupation: President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 08 / 2007
Transaction ID: 14653280
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter A Hofstetter

Mailing Address P O Box 1370

City State Zip Code
Saint Albans VT 05478-1370

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

Name of Employer: Northwestern Medical Center Occupation: Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2007
Transaction ID: 14653281
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Jerry Spicer

Mailing Address 2635 North 7th Street

City State Zip Code
Grand Junction CO 81501-8209

FEC ID number of contributing federal political committee. C

Name of Employer St. Mary's Hospital and Medical Center
Occupation 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
10 / 08 / 2007

Transaction ID: 14653835

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. David P Gehant

Mailing Address P O Box 9019

City State Zip Code
Boulder CO 80301-9019

FEC ID number of contributing federal political committee. C

Name of Employer Boulder Community Hospital
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
10 / 08 / 2007

Transaction ID: 14653856

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Eitel

Mailing Address P O Box 1326

City State Zip Code
Colorado Springs CO 80901-1326

FEC ID number of contributing federal political committee. C

Name of Employer Memorial Health System
Occupation 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
10 / 08 / 2007

Transaction ID: 14653862

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John S. Howard

Mailing Address 1362 Arbor Bluffs Circle

City State Zip Code
Ballwin MO 63021-3702

FEC ID number of contributing federal political committee. C

Name of Employer St. John's Mercy Medical Center
Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653867

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
Mr. Donald E. Kalicak

Mailing Address 160 Hunters Pointe Drive

City State Zip Code
Saint Charles MO 63304-7129

FEC ID number of contributing federal political committee. C

Name of Employer St. John's Mercy Health Care
Occupation Director, Planning & Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653868

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Mr. Dan Dixon

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

FEC ID number of contributing federal political committee. C

Name of Employer Swedish Health Services
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 0 / 1 5 / 2 0 0 7

Transaction ID: 14653925

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Peter Morgan

Mailing Address 2700 125nd Avenue Northeast

City State Zip Code
Redmond WA 98052

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

Name of Employer Group Health Eastside Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653926

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert Z. Vovak

Mailing Address 9326 Perglen Road

City State Zip Code
Baltimore MD 21236-1628

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

Name of Employer Maryland Hospital Association
Occupation Sr. Vice President & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653939

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Ms. Denise Matricciani

Mailing Address 4423 Necker Avenue

City State Zip Code
Baltimore MD 21236-2968

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

Name of Employer Maryland Hospital Association
Occupation Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653940

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Beverly L. Miller

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6234

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

Name of Employer Maryland Hospital Association
Occupation V.P., Professional Activities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 14653941

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Mr. Calvin M. Pierson

Mailing Address 4 Kampman Court

City State Zip Code
Sparks MD 21152-9423

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

Name of Employer Maryland Hospital Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 14653942

Amount of Each Receipt this Period
800.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul A. Sokolowski

Mailing Address 12891 Eagles View Road

City State Zip Code
Phoenix MD 21131-2312

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

Name of Employer Maryland Hospital Association
Occupation Sr. Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: 14653943

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Vahe A. Kazandjian

Mailing Address 8392 Sweet Cherry Lane

City State Zip Code
Laurel MD 20723-1062

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

Name of Employer Maryland Hospital Association
Occupation Sr. Vice President, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653944

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Ms. Joyce Eierman

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6200

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

Name of Employer Maryland Hospital Association
Occupation Assistant 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 0 / 1 5 / 2 0 0 7

Transaction ID: 14653945

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy M. Fiedler

Mailing Address 3619 Stansbury Mill Road

City State Zip Code
Phoenix MD 21131-1730

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

Name of Employer Maryland Hospital Association
Occupation Sr. VP Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653946

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 156
	<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. Rhonda Anderson	Date of Receipt MM / DD / YYYY 10 / 15 / 2007
	Mailing Address 900 Caton Avenue	Transaction ID: 14653947
	City State Zip Code Baltimore MD 21229-5299	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Agnes HealthCare 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.	Full Name (Last, First, Middle Initial) Ms. Pegeen Townsend	Date of Receipt MM / DD / YYYY 10 / 15 / 2007
	Mailing Address 225 Nckeon Road	Transaction ID: 14653948
	City State Zip Code Severna Park MD 21146	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland Hospital Association Occupation Sr. Vice President, Legislative Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Mr. David P. Foley	Date of Receipt MM / DD / YYYY 10 / 15 / 2007
	Mailing Address 6820 Deerpath Road	Transaction ID: 14653949
	City State Zip Code Elkridge MD 21075-6200	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland 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	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 156
(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

A.

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

Mailing Address 220 Windy Ridge

City State Zip Code
Hollister MO 65672-5725

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

Name of Employer Skaggs Community Health Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653954

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Ms Nancy Harris

Mailing Address P O Box 250

City State Zip Code
Marshall MO 65340-0250

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

Name of Employer Fitzgibbon Hospital
Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14653956

Amount of Each Receipt this Period
275.00

C.

Full Name (Last, First, Middle Initial)
Mr. Warren K Spellman

Mailing Address P O Box DD

City State Zip Code
Taos NM 87571-6284

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

Name of Employer Holy Cross Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 14653957

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **817.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul Herzog

Mailing Address 601 Martin Luther King Dr. NE

City State Zip Code
Albuquerque NM 87102-3670

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

Name of Employer Occupation
Memorial Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 14653963

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Valdez

Mailing Address 455 St. Michael's Drive

City State Zip Code
Santa Fe NM 87505-7663

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

Name of Employer Occupation
St. Vincent Regional Medical Center Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

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

Transaction ID: 14653966

Amount of Each Receipt this Period
290.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen J Campbell

Mailing Address P O Box 489

City State Zip Code
Clayton NM 88415-0489

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

Name of Employer Occupation
Union County General Hospital Administrator

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 0 / 1 2 / 2 0 0 7

Transaction ID: 14653969

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **840.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Hollie Harris

Mailing Address 1220 Harrodsburg Road

City Lexington State KY Zip Code 40504-2739

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

Name of Employer Appalachian Regional Healthcare Occupation Director of Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 04 / 2007

Transaction ID: 14653974

Amount of Each Receipt this Period 600.00

B.

Full Name (Last, First, Middle Initial)
Mr. Tony E. Welch

Mailing Address 112 Deerfield Hills Road

City Elizabethtown State KY Zip Code 42701-6974

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

Name of Employer Hardin Memorial Hospital Occupation Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2007

Transaction ID: 14653980

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. James D. Jackson

Mailing Address Post Office Box 668

City Prestonsburg State KY Zip Code 41653-0668

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

Name of Employer Highlands Regional Medical Center Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2007

Transaction ID: 14653982

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Karen A Weller

Mailing Address 189 Prouty Drive

City State Zip Code
Newport VT 05855-9820

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

Name of Employer Occupation
North Country Hospital and Health Cent Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14653988

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas W Huebner

Mailing Address 160 Allen Street

City State Zip Code
Rutland VT 05701-4560

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

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

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

Date of Receipt

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

Transaction ID: 14653989

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Dennis W. Chalke

Mailing Address 80 Jonquil Lane

City State Zip Code
Longmeadow MA 01106-2240

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

Name of Employer Occupation
Baystate Medical Center Vice President, Finance

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

Date of Receipt

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

Transaction ID: 14659208

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stephen L Abbott

Mailing Address 88 Lewis Bay Road

City Hyannis State MA Zip Code 02601-5210

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

Name of Employer Cape Cod Healthcare, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2007
Transaction ID: 14659209
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard C. Bane

Mailing Address 41 Arthur Avenue

City Marblehead State MA Zip Code 01945-1107

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

Name of Employer North Shore Medical Center Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2007
Transaction ID: 14659210
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven F Bradley

Mailing Address 759 Chestnut Street

City Springfield State MA Zip Code 01199-0001

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

Name of Employer Baystate Health, Inc. Occupation Vice President Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2007
Transaction ID: 14659211
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 156
(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

A. Full Name (Last, First, Middle Initial)
Mr. John A. Dresser

Mailing Address One Kelly Lane

City State Zip Code
Wayland MA 01778-1034

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

Name of Employer Occupation
Emerson Hospital Vice President, Development

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659214

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street
220

City State Zip Code
Burlington MA 01803-3766

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

Name of Employer Occupation
Massachusetts Organization of Nurse Ex 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 Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659215

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. William P. Fleming

Mailing Address 36 Blossom Street

City State Zip Code
Norwood MA 02062-1424

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

Name of Employer Occupation
Caritas Norwood Hospital Senior Vice President, Operations

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659216

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 156
	<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 L Goldstein		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 25 Highland Avenue		Transaction ID: 14659217
	City Newburyport	State MA	Zip Code 01950-3867
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Anna Jaques Hospital	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.	Full Name (Last, First, Middle Initial) Mr Stephen J Guimond		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 100 Ter Heun Drive		Transaction ID: 14659218
	City Falmouth	State MA	Zip Code 02540-2503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Falmouth Hospital	Occupation Senior Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Leslie A. Joseph		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 330 Mount Auburn Street		Transaction ID: 14659219
	City Cambridge	State MA	Zip Code 02138-5502
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Mount Auburn Hospital	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 156
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Richard Kropp

Mailing Address 46 Forest Lane

City State Zip Code
Scituate MA 02066-1834

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

Name of Employer Cape Cod Hospital Occupation 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 Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14659220

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms Anne L Levine

Mailing Address 44 Binney Street

City State Zip Code
Boston MA 02115-6084

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

Name of Employer Dana-Farber Cancer Institute Occupation Vice President External Affairs

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659221

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Keith C. McLean-Shinaman

Mailing Address 53n Hayes Road

City State Zip Code
Tariffville CT 06081-9631

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

Name of Employer Baystate Health, Inc. 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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659223

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Patrick L Muldoon, , CHE

Mailing Address 60 Hospital Road

City State Zip Code
Leominster MA 01453-2205

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

Name of Employer Occupation
Health Alliance Hospitals 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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659224

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas Mundell

Mailing Address 403 Cairn Ridge Road

City State Zip Code
East Falmouth MA 02536-7931

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

Name of Employer Occupation
Cape Cod Hospital 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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659225

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert G Norton, , CHE

Mailing Address 81 Highland Avenue

City State Zip Code
Salem MA 01970-2768

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

Name of Employer Occupation
North Shore Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: 14659226

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3867

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

Name of Employer Occupation
Anna Jaques Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: 14659227

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)
Mr. Hank J Porten, , CHE

Mailing Address 575 Beech Street

City State Zip Code
Holyoke MA 01040-2223

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

Name of Employer Occupation
Holyoke Medical Center 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 0 / 2 2 / 2 0 0 7

Transaction ID: 14659228

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas C Porter

Mailing Address 88 Washington Street

City State Zip Code
Taunton MA 02780-2465

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

Name of Employer Occupation
Morton Hospital and Medical Center President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 14659229

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 156
	<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. Patricia Reid-Ponte		Date of Receipt
	Mailing Address 23 Indian Hill Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 0 7
	City	State	Zip Code
	Arlington	MA	02476-7002
	FEC ID number of contributing federal political committee. C		Transaction ID: 14659230
Name of Employer Dana-Farber Cancer Institute		Occupation Sr. VP and CNO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	250.00

B.	Full Name (Last, First, Middle Initial) Mr. Francis M Saba		Date of Receipt
	Mailing Address 14 Prospect Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 0 7
	City	State	Zip Code
	Milford	MA	01757-3090
	FEC ID number of contributing federal political committee. C		Transaction ID: 14659231
Name of Employer Milford Regional Medical Center		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) Mr. Michael V Sack		Date of Receipt
	Mailing Address 585 Lebanon Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 2 / 2 0 0 7
	City	State	Zip Code
	Melrose	MA	02176-3225
	FEC ID number of contributing federal political committee. C		Transaction ID: 14659232
Name of Employer Hallmark Health System		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	1000.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Christine C Schuster

Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code
Concord MA 01742-9120

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

Name of Employer Occupation
Emerson 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	0	/	2	2	/	2	0	0	7

Transaction ID: 14659234

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Peter Semenza

Mailing Address 330 Mount Auburn Street

City State Zip Code
Cambridge MA 02138-5597

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

Name of Employer Occupation
Mount Auburn Hospital Vice President Financial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 14659237

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. William J. Shickolovich

Mailing Address 585 Sharpners Pond Road

City State Zip Code
North Andover MA 01845-3335

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

Name of Employer Occupation
Tufts-New England Medical Center Chief Information 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	0	/	2	2	/	2	0	0	7

Transaction ID: 14659238

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 156
	(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

A.	Full Name (Last, First, Middle Initial) Mr. Mark R Tolosky, , FACHE, J	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Mailing Address 759 Chestnut Street	Transaction ID: 14659240
	City State Zip Code Springfield MA 01199-1001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baystate Health, Inc. 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.	Full Name (Last, First, Middle Initial) Mr. William P. Tringali	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Mailing Address 12 Delano Avenue	Transaction ID: 14659241
	City State Zip Code Kingston MA 02364-1628	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Quincy Medical Center Director, Materials Management	
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) Mr Roger D Wiseman	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Mailing Address 81 Highland Avenue	Transaction ID: 14659243
	City State Zip Code Salem MA 01970-2714	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Shore Medical Center 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	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 156
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Anne Severo

Mailing Address 92 Corey Street

City State Zip Code
West Roxbury MA 02132-2330

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

Name of Employer Occupation
Caritas St. Elizabeth's Medical Center Senior Accountant

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

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

Transaction ID: 14659244

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Douglas F Dean, , Jr.

Mailing Address One Elliot Way

City State Zip Code
Manchester NH 03103-3599

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

Name of Employer Occupation
Elliot Hospital President and Chief Executive Officer

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

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

Transaction ID: 14659822

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City State Zip Code
Hopkinton NH 03229-3402

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

Name of Employer Occupation
New Hampshire Hospital Association Vice President, Rural Health & Reimbur

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

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

Transaction ID: 14659824

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. John F Prochilo

Mailing Address 70 Butler Street

City State Zip Code
Salem NH 03079-3925

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

Name of Employer Occupation
Northeast Rehabilitation Hospital Chief Executive Officer and Administra

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

Date of Receipt

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

Transaction ID: 14659825

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Frank G McDougall

Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-0001

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

Name of Employer Occupation
Dartmouth-Hitchcock Medical Center Vice President, Government Relations

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

Date of Receipt

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

Transaction ID: 14659826

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Alvin D Felgar

Mailing Address 11 Whitehall Road

City State Zip Code
Rochester NH 03867-3297

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

Name of Employer Occupation
Frisbie Memorial Hospital President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14659828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. James Ainsworth

Mailing Address Post Office Box 967

City State Zip Code
Louisville MS 39339-0967

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

Name of Employer Occupation
Winston Medical Center Director, Hospital Maintenance

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14667654

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Chris Anderson

Mailing Address 2809 Denny Avenue

City State Zip Code
Pascagoula MS 39581-5300

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

Name of Employer Occupation
Singing River Hospital System 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14667656

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. James D. Baker

Mailing Address 3516 N. River Ridge Drive

City State Zip Code
D'Iberville MS 39540

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

Name of Employer Occupation
Community Health Systems Administrator

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14667660

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code
Jackson MS 39211-2945

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

Name of Employer Occupation
Mississippi Hospital Association President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667670

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
Mr. James G Chastain, , CHE

Mailing Address P O Box 157-A

City State Zip Code
Whitfield MS 39193-0157

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

Name of Employer Occupation
Mississippi State Hospital Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667673

Amount of Each Receipt this Period

205.00

C.

Full Name (Last, First, Middle Initial)
Mr. John Chioco

Mailing Address 1220 Jefferson Street

City State Zip Code
Laurel MS 39440-4374

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

Name of Employer Occupation
South Central Regional Medical Center Associate Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667674

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. C. Gerald Cotton

Mailing Address 1225 N. State Street

City State Zip Code
Jackson MS 39202-2064

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

Name of Employer Mississippi Baptist Medical Center Occupation 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14667675

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles L Denton

Mailing Address 960 Avent Drive

City State Zip Code
Grenada MS 38901-5230

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

Name of Employer Grenada Lake Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667677

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Mr. Mike R. Edwards

Mailing Address Post Office Box 259

City State Zip Code
Morton MS 39117-0259

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

Name of Employer Scott Regional Hospital Occupation 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14667681

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 156
	<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. Guy Geller		Date of Receipt
	Mailing Address P O Box 351		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 0 7
	City	State	Zip Code
	Magnolia	MS	39652-0351
	FEC ID number of contributing federal political committee.		Transaction ID: 14667686
		Amount of Each Receipt this Period	<input type="text"/> 150.00
Name of Employer Beacham Memorial 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 ▼	<input type="text"/> 275.00

B.	Full Name (Last, First, Middle Initial) Mr. Lawrence Graeber		Date of Receipt
	Mailing Address 124 E. Waterwood Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 0 7
	City	State	Zip Code
	Brandon	MS	39047-6527
	FEC ID number of contributing federal political committee.		Transaction ID: 14667687
		Amount of Each Receipt this Period	<input type="text"/> 205.00
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 ▼	<input type="text"/> 230.00

C.	Full Name (Last, First, Middle Initial) Mr. Jimmy Graves		Date of Receipt
	Mailing Address 100 Hospital Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 0 7
	City	State	Zip Code
	Tylertown	MS	39667-2099
	FEC ID number of contributing federal political committee.		Transaction ID: 14667688
		Amount of Each Receipt this Period	<input type="text"/> 290.00
Name of Employer Walthall County General Hospital		Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 290.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 645.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Claude W Harbarger

Mailing Address 969 Lakeland Drive

City State Zip Code
Jackson MS 39216-4699

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

Name of Employer St. Dominic-Jackson Memorial Hospital
Occupation 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 0 / 0 8 / 2 0 0 7

Transaction ID: 14667692

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Fred B Hood, , FACHE

Mailing Address P O Box 790

City State Zip Code
Pontotoc MS 38863-0790

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

Name of Employer North Mississippi Medical Center-Ponto
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667695

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Jerry M Howell

Mailing Address P O Box 630

City State Zip Code
Columbia MS 39429-0630

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

Name of Employer Marion General Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14667696

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Harold Livingston

Mailing Address 5001 Statesman Dr

City Irving State TX Zip Code 75063-2414

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

Name of Employer Merritt Hawkins & Associates
Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2007

Transaction ID: 14667701

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Josh McNulty

Mailing Address 301 Eighth Avenue Southwest

City Magee State MS Zip Code 39111-3967

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

Name of Employer Pioneer Health Services
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2007

Transaction ID: 14667707

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Kurt W Metzner

Mailing Address 1225 North State Street

City Jackson State MS Zip Code 39202-2064

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

Name of Employer Mississippi Baptist Health System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2007

Transaction ID: 14667708

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 156
	<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. Stephen Nichols		Date of Receipt
	Mailing Address P O Box 1380		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Cleveland	MS	38732-1380
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Bolivar Medical Center		Occupation Chief Executive Officer	Transaction ID: 14667713
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="860.00"/>	<input type="text" value="860.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Gerald D Wages		Date of Receipt
	Mailing Address 830 S. Gloster Street		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tupelo	MS	38801-4996
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer North Mississippi Health Services, Inc		Occupation Interim President and Chief Executive	Transaction ID: 14667799
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="800.00"/>	<input type="text" value="800.00"/>

C.	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
	Mailing Address Liberty Place, Suite 700 325 Seventh Street, NW		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20004-2802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hospital Association-Washingt		Occupation Regional Executive	Transaction ID: 14668361
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2160.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 156
	(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

A.	Full Name (Last, First, Middle Initial) Ms. Donna M Oliver		Date of Receipt
	Mailing Address 1410 North Fourth Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 0 7
	City	State	Zip Code
	Clinton	IA	52732-2940
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mercy Medical Center-Clin-ton		Occupation President and Chief Executive Officer	Transaction ID: 14668381
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. John C Sheehan		Date of Receipt
	Mailing Address P O Box 3026		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 0 7
	City	State	Zip Code
	Cedar Rapids	IA	52406-3026
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer St. Luke's Hospital		Occupation Executive Vice President and COO	Transaction ID: 14668382
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Ms. Marilyn E. Kaptain-Dahlen		Date of Receipt
	Mailing Address 801 15th Street Box 203		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 0 7
	City	State	Zip Code
	Sioux City	IA	51105-1502
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mercy Medical Center-Sioux City		Occupation Vice President, Regionalization	Transaction ID: 14668383
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms Joan Bierman

Mailing Address 300 Sioux Valley Drive

City State Zip Code
Cherokee IA 51012-1205

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

Name of Employer Occupation
Cherokee Regional Medical Center 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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668384

Amount of Each Receipt this Period

250.00

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. **C**

Name of Employer Occupation
Grinnell Regional Medical Center 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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668445

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Jeanne Goche

Mailing Address 410 Main Street

City State Zip Code
Manning IA 51455-1093

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

Name of Employer Occupation
Manning Regional Healthca-re Center Chief Executive Officer and Administra

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668446

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Jeffrey M Cooper

Mailing Address 1118 11th Street

City State Zip Code
De Witt IA 52742-1235

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

Name of Employer
Genesis Medical Center, DeWitt

Occupation
Vice President, DeWitt Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668501

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Jay Christensen

Mailing Address 1229 'C' Avenue East

City State Zip Code
Oskaloosa IA 52577-4246

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

Name of Employer
Mahaska Health Partnership

Occupation
Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668502

Amount of Each Receipt this Period
265.00

C.

Full Name (Last, First, Middle Initial)
Mr. James G FitzPatrick

Mailing Address 1000 Fourth Street SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer
Mercy Medical Center-North Iowa

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668503

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr Douglas E Morse

Mailing Address 1000 Fourth Street SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Occupation
Mercy Medical Center-North Iowa Senior Vice President Network and Clin

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668524

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr Scott Leighty

Mailing Address 1000 Fourth Street SW

City State Zip Code
Mason City IA 50401-2800

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

Name of Employer Occupation
Mercy Medical Center-North Iowa Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668526

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr Joseph LeValley

Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2611

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

Name of Employer Occupation
Mercy Medical Center-Des Moines Senior Vice President Planning

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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668528

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 58 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David H Vellinga, , FACHE

Mailing Address 1111 6th Avenue

City State Zip Code
Des Moines IA 50314-2613

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

Name of Employer Occupation
Mercy Medical Center-Des Moines President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668534

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tom Tibbitts

Mailing Address 802 Kenyon Road

City State Zip Code
Fort Dodge IA 50501-5740

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

Name of Employer Occupation
Trinity Regional Medical Center CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668535

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code
West Burlington IA 52655-1681

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

Name of Employer Occupation
Great River Medical Center 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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668536

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Gregory A Paris, , CHE

Mailing Address 6580 165th Street

City State Zip Code
Albia IA 52531-8793

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

Name of Employer Occupation
Monroe County Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 502.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14668538

Amount of Each Receipt this Period

502.50

B.

Full Name (Last, First, Middle Initial)
Mr. John M Comstock

Mailing Address 300 Sioux Valley Drive

City State Zip Code
Cherokee IA 51012-1205

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

Name of Employer Occupation
Cherokee Regional Medical Center 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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668561

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Barry G. Goettsch

Mailing Address 300 Sioux Valley Drive

City State Zip Code
Cherokee IA 51012-1205

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

Name of Employer Occupation
Cherokee Regional Medical Center Senior Vice President, Operations

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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1002.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. C James Platt

Mailing Address P O Box 174

City State Zip Code
Fort Madison IA 52627-0174

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

Name of Employer Occupation
Fort Madison Community 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 0 / 2 5 / 2 0 0 7

Transaction ID: 14668564

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr Clarence Brewton

Mailing Address 1833 Foxwood Circle

City State Zip Code
Mitchellville MD 20721-4139

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

Name of Employer Occupation
MedStar Health Vice President Regulatory Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: 14669399

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Stanley R Korducki

Mailing Address 950 West Wooster Street

City State Zip Code
Bowling Green OH 43402-2603

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

Name of Employer Occupation
Wood County Hospital 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 0 / 2 2 / 2 0 0 7

Transaction ID: 14670054

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Kevin C Martin

Mailing Address 630 East River Street

City State Zip Code
Elyria OH 44035-5902

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: 14670055

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Mr. Lyndon J Christman

Mailing Address 203 Bryn Drive

City State Zip Code
Granville OH 43023-1503

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

Name of Employer Occupation
Fayette County Memorial Hospital President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: 14670056

Amount of Each Receipt this Period
275.00

C.

Full Name (Last, First, Middle Initial)
Mr. George Massar

Mailing Address 820 Abingdon Lane

City State Zip Code
Bowling Green OH 43402-8517

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

Name of Employer Occupation
Wood County Hospital Vice President, Operations

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

Date of Receipt

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

Transaction ID: 14670057

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 156
	(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

A.	Full Name (Last, First, Middle Initial) Mr. Robert W Shroder		Date of Receipt
	Mailing Address 667 Eastland Avenue SE		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Warren	OH	44484-4503
	FEC ID number of contributing federal political committee. C		Transaction ID: 14670058
Name of Employer St. Joseph Health Center		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley		Date of Receipt
	Mailing Address 257 Clouse Lane		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Granville	OH	43023-1428
	FEC ID number of contributing federal political committee. C		Transaction ID: 14670073
Name of Employer Ohio Hospital Association		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="125.00"/>
		<input type="text" value="625.00"/>	

C.	Full Name (Last, First, Middle Initial) Mr. David L Gray		Date of Receipt
	Mailing Address 913 North Dixie Avenue		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Elizabethtown	KY	42701-2599
	FEC ID number of contributing federal political committee. C		Transaction ID: 14671534
Name of Employer Hardin Memorial Hospital		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="875.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 156
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Milton Brooks

Mailing Address 850 Riverview Avenue

City Pineville State KY Zip Code 40977-1430

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

Name of Employer Pineville Community Hospital Association Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2007

Transaction ID: 14671535

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Fred L Jackson, , FACHE

Mailing Address P O Box 151

City Ashland State KY Zip Code 41105-0151

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

Name of Employer King's Daughters Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2007

Transaction ID: 14671735

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frank A. Butler

Mailing Address 437 Adair Road

City Lexington State KY Zip Code 40536-0001

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

Name of Employer University of Kentucky Hospital Occupation Vice President/Medical Center Operatio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2007

Transaction ID: 14672114

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 156
	<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. Dennis B Johnson	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 1025 New Moody Lane	Transaction ID: 14672116
	City State Zip Code La Grange KY 40031-9154	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baptist Hospital Northeast Administrator	
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. Connie Smith	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address P O Box 90010	Transaction ID: 14672672
	City State Zip Code Bowling Green KY 42102-9010	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical Center at Bowling Green, The Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Susan Stout Tamme, , FACHE	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 4000 Kresge Way	Transaction ID: 14672674
	City State Zip Code Louisville KY 40207-4605	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baptist Hospital East President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 65 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Joanna G. Thomas

Mailing Address 162 Talbott Drive

City State Zip Code
Bowling Green KY 42103-1322

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

Name of Employer Southern Kentucky Rehabilitation Hosp
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 14672675

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr Charles Black

Mailing Address P O Box 1310

City State Zip Code
Mount Vernon KY 40456-1310

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

Name of Employer Rockcastle Hospital and Respiratory Ca
Occupation Chief Financial 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	0	/	2	2	/	2	0	0	7

Transaction ID: 14672690

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen A Estes

Mailing Address P O Box 1310

City State Zip Code
Mount Vernon KY 40456-1310

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

Name of Employer Rockcastle Hospital and Respiratory Ca
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 14672691

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 66 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard Laib

Mailing Address 1236 Thistledown Court

City State Zip Code
Hebron KY 41048-8438

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

Name of Employer Occupation
St. Luke Hospital West Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14672705

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen L Meredith

Mailing Address 910 Wallace Avenue

City State Zip Code
Leitchfield KY 42754-2414

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

Name of Employer Occupation
Twin Lakes Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14672706

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Chris Carle

Mailing Address 238 Barnes Road

City State Zip Code
Williamstown KY 41097-9460

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

Name of Employer Occupation
St. Elizabeth Medical Center-Grant Cou Administrator

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14673943

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Heather Cote

Mailing Address 2830 Shoemaker Drive

City State Zip Code
Louisville KY 40241-6501

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

Name of Employer Occupation
Norton Suburban Hospital VP/Patient Care Services

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14673945

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr Joseph DeVenuto

Mailing Address 4001 Dutchmans Lane

City State Zip Code
Louisville KY 40207-4714

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

Name of Employer Occupation
Norton Suburban Hospital Assistant Vice President/CIO

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14673946

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Douglas J. Eighmey

Mailing Address 4120 Lilac Vista Drive

City State Zip Code
Louisville KY 40241-4198

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

Name of Employer Occupation
Kosair Children's Hospital President

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14673954

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas D Kmetz

Mailing Address 9820 Third Street Road

City State Zip Code
Louisville KY 40272-2802

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

Name of Employer Occupation
Norton Southwest Hospital President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 14673956

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. J. Michael Horsley

Mailing Address 8107 Henslow Court

City State Zip Code
Montgomery AL 36117-7475

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

Name of Employer Occupation
Alabama Hospital Association President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 14674360

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. J. Frazer Rolen, Jr.

Mailing Address 2204 Lakeshore Drive Suite 230

City State Zip Code
Birmingham AL 35209-6729

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 14674361

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 156
	<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. Danne J. Howard	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Mailing Address 1812 Woodmere Loop	Transaction ID: 14674362
	City State Zip Code Montgomery AL 36117-5004	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Alabama Hospital Association Occupation VP, State Government Relations 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) Mr. James Ramsey	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Mailing Address 530 South Jackson Street	Transaction ID: 14674451
	City State Zip Code Louisville KY 40202-1675	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Louisville Hospital Occupation Trustee 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) Mr. Kevin S Wardell	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Mailing Address P O Box 35070	Transaction ID: 14674455
	City State Zip Code Louisville KY 40232-5070	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Norton Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 156
(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"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
Ms. Tracy E Williams

Mailing Address 234 East Gray Street, Ste. 225

City State Zip Code
Louisville KY 40202-1913

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

Name of Employer Occupation
Norton Healthcare 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 Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: 14674853

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark M Gordon

Mailing Address P O Box 789

City State Zip Code
Ashland KY 41105-0789

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

Name of Employer Occupation
Our Lady of Bellefonte Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: 14674856

Amount of Each Receipt this Period
320.00

C.

Full Name (Last, First, Middle Initial)
Mr. Donald R Fields

Mailing Address 100 Medical Center Drive

City State Zip Code
Hazard KY 41701-9421

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

Name of Employer Occupation
Hazard ARH Regional Medical Center Senior Community Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14674874

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1070.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Jerry Haynes

Mailing Address P O Box 8086

City Lexington State KY Zip Code 40533-8086

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

Name of Employer Appalachian Regional Healthcare Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2007

Transaction ID: 14674875

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr J.D. Miller, , M.D.

Mailing Address P O Box 579

City West Liberty State KY Zip Code 41472-0579

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

Name of Employer Morgan County Appalachian Regional Hos Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2007

Transaction ID: 14674876

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Mr. Jack G. Blackwell

Mailing Address 520 24th Street

City Ashland State KY Zip Code 41101-2904

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

Name of Employer Highlands Regional Medical Center Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2007

Transaction ID: 14674884

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 925.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Carr

Mailing Address 2378 Orchard Crest Blvd.

City State Zip Code
Manasquan NJ 08736-4001

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

Name of Employer: New Jersey Hospital Association
Occupation: Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: 14674895
 Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary S. Carter, FACHE

Mailing Address 35 DeHart Drive

City State Zip Code
Belle Mead NJ 08502-5419

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

Name of Employer: New Jersey Hospital Association
Occupation: President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: 14674896
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

Name of Employer: New Jersey Hospital Association
Occupation: Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: 14674901
 Amount of Each Receipt this Period: 135.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City State Zip Code
Robbinsville NJ 08691-2554

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

Name of Employer Occupation
New Jersey Hospital Assoc- Vice President & General Manager
iation

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

Date of Receipt

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

Transaction ID: 14674906

Amount of Each Receipt this Period

15.00

B.

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 Assoc- Vice President Continuing Care Service
iation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

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

Transaction ID: 14674910

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)
Mr. Guy P. Evans

Mailing Address 41 Manitto Place

City State Zip Code
Oceanport NJ 07757-1510

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

Name of Employer Occupation
New Jersey Hospital Assoc- Vice President
iation

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

Date of Receipt

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

Transaction ID: 14674911

Amount of Each Receipt this Period

135.00

SUBTOTAL of Receipts This Page (optional) ►

185.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

Name of Employer Occupation
New Jersey Hospital Association Sr. VP., Health Economics

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 309.17

Date of Receipt

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

Transaction ID: 14674920

Amount of Each Receipt this Period

55.83

B.

Full Name (Last, First, Middle Initial)
Mr. William D. Kennedy

Mailing Address 1549 North Valley Road

City State Zip Code
Malvern PA 19355-9796

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

Name of Employer Occupation
New Jersey Hospital Association Senior Vice President

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: 14674925

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)
Mr. John K Lloyd

Mailing Address 1350 Campus Parkway

City State Zip Code
Wall Township NJ 07753-6821

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

Name of Employer Occupation
Meridian Health President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14674931

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ►

930.83

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 156
(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

A. Full Name (Last, First, Middle Initial)
Mr. John P McGee

Mailing Address 80 James Street, 2nd Floor

City Edison State NJ Zip Code 08820-3938

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

Name of Employer Solaris Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: 14674933
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Ostaszewski

Mailing Address 14 Hospital Drive

City Toms River State NJ Zip Code 08755-6402

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

Name of Employer HEALTHSOUTH Rehabilitation Hospital of Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: 14674940
Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard A. Pitman

Mailing Address 219 West Van Sant Avenue

City Linwood State NJ Zip Code 08221-1732

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

Name of Employer Shore Memorial Hospital Occupation Senior Advisor Government

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2007
Transaction ID: 14674943
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Mr. Harold C Warman, , Jr., FAC

Mailing Address P O Box 668

City State Zip Code
Prestonsburg KY 41653-0668

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

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

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

Date of Receipt

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

Transaction ID: 14675141

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell Johnson

Mailing Address 106 Blanca Avenue

City State Zip Code
Alamosa CO 81101-2393

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

Name of Employer San Luis Valley Regional Medical Centre
Occupation 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 0 / 2 2 / 2 0 0 7

Transaction ID: 14675205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Arkansas Hospital Association
Occupation President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

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

Transaction ID: 14675432

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional) ▶

1400.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bo Ryall

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Occupation
Arkansas Hospital Association Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: 14675433

Amount of Each Receipt this Period
650.00

B. Full Name (Last, First, Middle Initial)
Mr. Ted Woddrell

Mailing Address P.O. Box 17006

City State Zip Code
Fort Smith AR 72917-7006

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

Name of Employer Occupation
Sparks Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: 14675434

Amount of Each Receipt this Period
390.00

C. Full Name (Last, First, Middle Initial)
Mr. William L. Bradley

Mailing Address 3215 North Hills Boulevard

City State Zip Code
Fayetteville AR 72703-4007

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

Name of Employer Occupation
Washington Regional Medical Center President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.25

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

Transaction ID: 14675435

Amount of Each Receipt this Period
341.25

SUBTOTAL of Receipts This Page (optional) ► **1381.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Don Adams

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Arkansas Hospital Association
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: 14675436

Amount of Each Receipt this Period
325.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roger M. Busfield

Mailing Address 419 Natural Resources Dr

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Arkansas Hospital Association
Occupation President Emeritus

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: 14675442

Amount of Each Receipt this Period
325.00

C.

Full Name (Last, First, Middle Initial)
Mr. David Cicero

Mailing Address P O Box 797

City State Zip Code
Camden AR 71701-0797

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

Name of Employer Ouachita Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: 14675443

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 156
(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

A.

Full Name (Last, First, Middle Initial) Ms. Penny Clain		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
Mailing Address 205 East Jefferson Street		Transaction ID: 14675444
City State Zip Code Siloam Springs AR 72761-3629	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Siloam Springs 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 ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) Ms. Tina Creel		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
Mailing Address 419 Natural Resources Drive		Transaction ID: 14675445
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) Mr. Paul Cunningham		Date of Receipt MM / DD / YYYY 10 / 22 / 2007
Mailing Address 419 Natural Resources Drive		Transaction ID: 14675446
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas 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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	975.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 80 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dean Davenport

Mailing Address Post Office Box 3667

City State Zip Code
Little Rock AR 72203-3667

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

Name of Employer Occupation
BKD, LLP Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 14675464

Amount of Each Receipt this Period
325.00

B. Full Name (Last, First, Middle Initial)
Mr. John A. Guest

Mailing Address 1311 South 'I' Street

City State Zip Code
Fort Smith AR 72901-4915

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

Name of Employer Occupation
Sparks Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 14675465

Amount of Each Receipt this Period
325.00

C. Full Name (Last, First, Middle Initial)
Mr. Russell D Harrington, , Jr.

Mailing Address 9601 Interstate 630, Exit 7

City State Zip Code
Little Rock AR 72205-7202

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

Name of Employer Occupation
Baptist Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 14675466

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► 975.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Michael D. Helm

Mailing Address Post Office Box 17006

City State Zip Code
Fort Smith AR 72917-7006

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

Name of Employer Sparks Regional Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: 14675467

Amount of Each Receipt this Period
325.00

B.

Full Name (Last, First, Middle Initial)
Mr. Timothy E Hill

Mailing Address 620 North Willow Street

City State Zip Code
Harrison AR 72601-2994

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: 14675468

Amount of Each Receipt this Period
325.00

C.

Full Name (Last, First, Middle Initial)
Ms. Beth Ingram

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Arkansas Hospital Association
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: 14676036

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 156
	<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. Luther J Lewis, , FACHE	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address P O Box 1998	Transaction ID: 14676037
	City State Zip Code El Dorado AR 71731-1998	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Medical Center of South Arkansas Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Mr. Raymond W Montgomery, II, FACHE	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 3214 East Race Avenue	Transaction ID: 14676038
	City State Zip Code Searcy AR 72143-4810	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer White County 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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Mr. John C Neal	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 1842 Simpson Highway 149	Transaction ID: 14676039
	City State Zip Code Mendenhall MS 39114-3438	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Simpson 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 ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	▶	975.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Scott Peek

Mailing Address 3504 Swiss Avenue

City State Zip Code
Dallas TX 75204-6224

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

Name of Employer Occupation
Our Children's House at Baylor President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 14676040

Amount of Each Receipt this Period
325.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ron Peterson

Mailing Address 624 Hospital Drive

City State Zip Code
Mountain Home AR 72653-2955

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 14676043

Amount of Each Receipt this Period
325.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ronald K Rooney, , FACHE

Mailing Address P O Box 339

City State Zip Code
Paragould AR 72451-0339

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

Name of Employer Occupation
Arkansas Methodist Medical Center President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 14676044

Amount of Each Receipt this Period
325.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 156

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Smart, DDS

Mailing Address 318 Thompson

City State Zip Code
El Dorado AR 71730-4569

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

Name of Employer Occupation
Medical Center of South Arkansas Chairman

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

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

Transaction ID: 14676045

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Ms. Elisa White

Mailing Address 419 Natural Resources Drive

City State Zip Code
Little Rock AR 72205-1576

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

Name of Employer Occupation
Arkansas Hospital Association Vice President & General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

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

Transaction ID: 14676046

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Gallagher

Mailing Address 155 East Broad Street,
15th Floor

City State Zip Code
Columbus OH 43215-3609

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

Name of Employer Occupation
Ohio Hospital Association Vice President & General Counsel

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

Date of Receipt

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

Transaction ID: 14676133

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Leo F Childers, Jr., FAC

Mailing Address 605 North 12th Street

City State Zip Code
Mount Vernon IL 62864-2899

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

Name of Employer Occupation
Good Samaritan Regional Health Center President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682376

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bruce Merrell, FACHE

Mailing Address 400 North Pleasant Avenue

City State Zip Code
Centralia IL 62801-3056

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

Name of Employer Occupation
St. Mary's Hospital President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682377

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Brad Billings

Mailing Address 722 Eagle Trace

City State Zip Code
Quincy IL 62305-6201

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

Name of Employer Occupation
Blessing Hospital Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682379

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Jeffrey Brickman

Mailing Address 333 North Madison Street

City State Zip Code
Joliet IL 60435-8200

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

Name of Employer Occupation
Provena Saint Joseph Medical Center Chairman

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682380

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert T. Clarke

Mailing Address 800 North Rutledge Street

City State Zip Code
Springfield IL 62781-0002

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

Name of Employer Occupation
Memorial Health System President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 14682387

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr Edgar J Curtis, , R.N.

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

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

Name of Employer Occupation
Memorial Health System Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682388

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code
Downers Grove IL 60515-1500

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

Name of Employer Advocate Good Samaritan Hospital
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 14682389

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Colleen Kannaday, FACHE

Mailing Address 12935 South Gregory Street

City State Zip Code
Blue Island IL 60406-2428

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

Name of Employer St. Francis Hospital & Health Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 14682390

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Wayne M Lerner, DPH

Mailing Address 2701 West 68th Street

City State Zip Code
Chicago IL 60629-1813

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

Name of Employer Holy Cross Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 14682391

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Mary Lou Mastro

Mailing Address 852 West Street

City State Zip Code
Naperville IL 60540-6400

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

Name of Employer Occupation
Linden Oaks Hospital at Edward Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682393

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dennis C Millirons, , FACHE

Mailing Address 801 S Milwaukee Avenue

City State Zip Code
Libertyville IL 60048-3204

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

Name of Employer Occupation
Condell Medical Center President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 14682394

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. David T Ochs

Mailing Address 2500 West Reynolds

City State Zip Code
Pontiac IL 61764-2194

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

Name of Employer Occupation
OSF Saint James - John W. Albrecht Med Administrator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 14682395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Patricia Shehorn

Mailing Address 1225 Lake Street

City State Zip Code
Melrose Park IL 60160-4000

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

Name of Employer Occupation
Westlake Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 14682396

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Harry Wolin

Mailing Address P O Box 530

City State Zip Code
Havana IL 62644-0530

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

Name of Employer Occupation
Mason District Hospital Administrator and Chief Executive Offi

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: 14682397

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. John Bomher

Mailing Address 1151 E. Warrenville Road

City State Zip Code
Naperville IL 60563-9339

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

Name of Employer Occupation
Illinois Hospital Association VP, Associate General Counsel

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

Date of Receipt

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

Transaction ID: 14682403

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr Richard Carlson

Mailing Address 1000 North Allen Street

City State Zip Code
Robinson IL 62454-1167

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

Name of Employer St. John's Hospital Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14682409

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Dunn

Mailing Address 700 South Second Street

City State Zip Code
Springfield IL 62704-2516

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

Name of Employer Illinois Hospital Association Occupation Assistant VP, Gov't Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14682419

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael S Eesley

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3761

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

Name of Employer Centegra Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14682420

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kevin R. England

Mailing Address 39 Harbauer Lane

City State Zip Code
Springfield IL 62702-3444

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

Name of Employer Occupation
Memorial Health System President, Clinical Support Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14682422

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Raymond Grady, FACHE

Mailing Address 2239 Charter Point Drive

City State Zip Code
Arlington Heights IL 60004-7226

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

Name of Employer Occupation
Evanston Northwestern Healthcare President, Hospitals and Clinics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 812.50

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

Transaction ID: 14689086

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Alan Halfen

Mailing Address 612 Greendale Road

City State Zip Code
Glenview IL 60025-3908

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

Name of Employer Occupation
Evanston Hospital Assistant 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 0 / 2 9 / 2 0 0 7

Transaction ID: 14689090

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City State Zip Code
Chicago IL 60625-1705

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

Name of Employer Advocate Health Care Occupation Director, Advocate Health Care Foundat

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 0 / 2 9 / 2 0 0 7

Transaction ID: 14691642

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Keel

Mailing Address 333 North Madison

City State Zip Code
Joliet IL 60435-8200

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

Name of Employer Provena Health Occupation Regional 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 0 / 2 9 / 2 0 0 7

Transaction ID: 14692185

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Zbigniew Lorenc

Mailing Address 6710 Concord Trail

City State Zip Code
Crystal Lake IL 60012-3147

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

Name of Employer Centegra Memorial Medical Center Occupation Vice President, Medical Affairs

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 0 / 2 9 / 2 0 0 7

Transaction ID: 14693821

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 93 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Angela McAuley

Mailing Address 1301 Winston Circle

City State Zip Code
Woodstock IL 60098-3678

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

Name of Employer Occupation
Centegra Memorial Medical Senior Vice President, Women's Health
Center

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

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

Transaction ID: 14693822

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Dominic Nakis

Mailing Address 2268 River Woods Drive

City State Zip Code
Naperville IL 60565-6351

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

Name of Employer Occupation
Advocate Health Care Vice President, Finance

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

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

Transaction ID: 14694255

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael L. Nelson

Mailing Address 1904 Montview

City State Zip Code
Godfrey IL 62035-1615

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

Name of Employer Occupation
Saint Anthony's Health Ce- Administrator
nter

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

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

Transaction ID: 14694256

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 94 / 156
	(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

A.

Full Name (Last, First, Middle Initial)
Ms. Donna Roach

Mailing Address 413 Park Avenue

City State Zip Code
Clarendon Hills IL 60514-2701

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

Name of Employer Occupation
Condell Medical Center Vice President, Information Services

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 0 / 2 9 / 2 0 0 7

Transaction ID: 14695475

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert Rosenberger

Mailing Address 32 Rock River Court

City State Zip Code
Naperville IL 60565-6347

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

Name of Employer Occupation
Centegra Memorial Medical Center 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 0 / 2 9 / 2 0 0 7

Transaction ID: 14695476

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. James M. Sanger

Mailing Address 20 Clear Lake

City State Zip Code
Centralia IL 62801-3720

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

Name of Employer Occupation
St. Mary's Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14695478

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David A Schertz

Mailing Address 5666 East State Street

City State Zip Code
Rockford IL 61108-2472

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

Name of Employer Occupation
OSF Saint Anthony Medical Center Administrator

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

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

Transaction ID: 14695479

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Jason Sciarro

Mailing Address 14255 Castlebar Trail

City State Zip Code
Woodstock IL 60098-8881

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

Name of Employer Occupation
Centegra Memorial Medical Center Administrator

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

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

Transaction ID: 14696858

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Aaron T. Shepley

Mailing Address 385 Millennium Drive

City State Zip Code
Crystal Lake IL 60012-3740

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

Name of Employer Occupation
Centegra Health System Chief Quality Officer/General Counsel

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

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

Transaction ID: 14696862

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. JoAnna White

Mailing Address 20719 Highview

City State Zip Code
Marengo IL 60152-9687

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

Name of Employer Occupation
Centegra Northern Illinois Medical Cen Chief Nursing Officer

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

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

Transaction ID: 14697479

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. James M. Sanger

Mailing Address 20 Clear Lake

City State Zip Code
Centralia IL 62801-3720

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

Name of Employer Occupation
St. Mary's Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

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

Transaction ID: 14700495

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas Nordwick

Mailing Address P O Box 1450

City State Zip Code
Douglas WY 82633-1450

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

Name of Employer Occupation
Memorial Hospital of Converse County President and Chief Executive Officer

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

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

Transaction ID: 14703946

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Perdue

Mailing Address 2005 Warren Avenue
Post Office Box 249

City Cheyenne State WY Zip Code 82001-3725

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

Name of Employer Wyoming Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2007
Transaction ID: 14703948
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles F. Harms

Mailing Address 2520 Moonlight Ct.

City Cheyenne State WY Zip Code 82009-8572

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

Name of Employer Cheyenne Regional Medical Center Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 29 / 2007
Transaction ID: 14703950
Amount of Each Receipt this Period 375.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth Hanover

Mailing Address 3200 Burnet Avenue

City Cincinnati State OH Zip Code 45229-3019

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

Name of Employer Health Alliance of Greater Cincinnati Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2007
Transaction ID: 14705636
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lynn M Abrahamsen

Mailing Address 701 Park Avenue South

City State Zip Code
Minneapolis MN 55415-1829

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

Name of Employer: Hennepin County Medical Center
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716129
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer: Minnesota Hospital Association
Occupation: Vice Pres, Regulatory/Strategic Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716131
 Amount of Each Receipt this Period: 390.00

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

Mailing Address 323 South Minnesota Street

City State Zip Code
Crookston MN 56716-1600

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

Name of Employer: Riverview Healthcare Association
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716133
 Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 99 / 156

(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

A.

Full Name (Last, First, Middle Initial)
Mr. Rocklon B. Chapin

Mailing Address 502 East Second Street

City State Zip Code
Duluth MN 55805-1982

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

Name of Employer Occupation
St. Mary's/Duluth Clinic Executive Vice President & Sr. Officer
Health System

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

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

Transaction ID: 14716152

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. James Christensen

Mailing Address 200 14th Avenue E

City State Zip Code
Sartell MN 56377-4500

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

Name of Employer Occupation
Array Services Group CEO

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

Date of Receipt

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

Transaction ID: 14716153

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms Susan Doherty

Mailing Address 720 Fourth Street North

City State Zip Code
Fargo ND 58122-4520

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

Name of Employer Occupation
Manager Public Policy and Government R

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

Date of Receipt

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

Transaction ID: 14716161

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Dr David Erickson

Mailing Address P O Box 38

City Yankton State SD Zip Code 57078-0038

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

Name of Employer Avera Health Occupation Senior Vice President and Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716163
 Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
Mr. Mark Eustis

Mailing Address 2450 Riverside Avenue

City Minneapolis State MN Zip Code 55454-1450

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

Name of Employer Fairview Health Services Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716248
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mr. David Feinwachs

Mailing Address 2550 University Avenue West Suite 350-S

City Saint Paul State MN Zip Code 55114-1052

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

Name of Employer Minnesota Hospital Association Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716251
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

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

Name of Employer
North Country Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.45

Date of Receipt

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

Transaction ID: 14716355

Amount of Each Receipt this Period
190.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Krinkie

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer
Minnesota Hospital Association

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: 14716398

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Dennis C Miley

Mailing Address 415 North Jefferson Street

City State Zip Code
Wadena MN 56482-1297

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

Name of Employer
Tri-County Hospital

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	0	/	2	9	/	2	0	0	7

Transaction ID: 14716427

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 156
(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

A.	Full Name (Last, First, Middle Initial) Dr. Peter E Person, , M.D.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Mailing Address 502 East Second Street		Transaction ID: 14716461
	City State Zip Code Duluth MN 55805-1982	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer St. Mary's/Duluth Clinic Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Daniel J Reiner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Mailing Address 200 North Elm Street		Transaction ID: 14716477
	City State Zip Code Onamia MN 56359-7901	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00
	Name of Employer Mille Lacs Health System	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 ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	Mailing Address 4885 Pheasant Court South		Transaction ID: 14716478
	City State Zip Code Afton MN 55001-9415	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 231.00
	Name of Employer Minnesota Hospital Associ- ation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	931.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 103 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Peter Smith, M.D.
 Mailing Address 100 Fallwood Road
 City State Zip Code
 Redwood Falls MN 56283-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Redwood Area Hospital Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 537.50
 Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716504
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Randy Ulseth
 Mailing Address 301 South Highway 65
 City State Zip Code
 Mora MN 55051-1899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kanabec Hospital Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716512
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Carl P Vaagenes
 Mailing Address 815 Second Street SE
 City State Zip Code
 Little Falls MN 56345-3596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Gabriel's Hospital President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00
 Date of Receipt: 10 / 29 / 2007
Transaction ID: 14716513
 Amount of Each Receipt this Period: 425.00

SUBTOTAL of Receipts This Page (optional) ► 1175.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 156
(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

A. Full Name (Last, First, Middle Initial)
Ms. Mary Ellen Wells

Mailing Address 1095 Highway 15 South

City State Zip Code
Hutchinson MN 55350-5000

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

Name of Employer Occupation
Hutchinson Area Health Care President

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 0 / 2 9 / 2 0 0 7

Transaction ID: 14716515

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Peggy Westby

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: 14716519

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Ms. Lori L Wightman

Mailing Address P O Box 577

City State Zip Code
New Ulm MN 56073-0577

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

Name of Employer Occupation
New Ulm Medical Center President

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 0 / 2 9 / 2 0 0 7

Transaction ID: 14716521

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Robert E. Gibbons

Mailing Address Five New England Executive Park

City State Zip Code
Burlington MA 01803-5010

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

Name of Employer Occupation
Massachusetts Hospital Association Vice President, Government Advocacy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716534

Amount of Each Receipt this Period

550.00

B.

Full Name (Last, First, Middle Initial)
Mr. Dale M Lodge

Mailing Address 41 Highland Avenue

City State Zip Code
Winchester MA 01890-1496

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

Name of Employer Occupation
Winchester Hospital President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716535

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Paul Ponte

Mailing Address 2014 Washington Street

City State Zip Code
Newton Lower Falls MA 02462-1607

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

Name of Employer Occupation
Newton-Wellesley Hospital Manager, Environmental Services

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716536

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Richard Palumbo

Mailing Address 330 Mount Auburn Street

City State Zip Code
Cambridge MA 02138-5502

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

Name of Employer Mount Auburn Hospital Occupation Director

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 0 / 2 4 / 2 0 0 7

Transaction ID: 14716537

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Trace Hicks

Mailing Address 10 Fox Hollow Greene

City State Zip Code
Delmar NY 12054

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

Name of Employer Accuro Healthcare Systems Occupation Director of Sales, Northeast

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 0 / 2 4 / 2 0 0 7

Transaction ID: 14716539

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas E Wilhelmsen, Jr.

Mailing Address P O Box 2014

City State Zip Code
Nashua NH 03061-2014

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

Name of Employer Southern New Hampshire 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 Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716545

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. Harvey M Yorke

Mailing Address 100 Hospital Drive East

City State Zip Code
Bennington VT 05201-5004

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

Name of Employer Occupation
Southwestern Vermont Medical Center President and Chief Executive Officer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14716546

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Robert C Chapman, , FACHE

Mailing Address 3000 Galleria Tower, Ste 1700

City State Zip Code
Birmingham AL 35244-2378

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

Name of Employer Occupation
St. Vincent's Health System President and Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 14718294

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Ellen C Briley

Mailing Address 987 Drayton Street

City State Zip Code
Elba AL 36323-1494

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

Name of Employer Occupation
Elba General Hospital Administrator and Chief Executive Offi

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

Date of Receipt

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

Transaction ID: 14718295

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Donald Henderson

Mailing Address 8213 Marsh Pointe Drive

City State Zip Code
Montgomery AL 36117-7432

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

Name of Employer Jackson Hospital and Clinic Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 22 / 2007
Transaction ID: 14718296
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Andersen

Mailing Address 4000 Lincoln Boulevard

City State Zip Code
Oklahoma City OK 73105-5207

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

Name of Employer Duncan Regional Hospital Occupation Vice President and Chief Financial Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2007
Transaction ID: 14721250
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Davis

Mailing Address 4414 Manchester Court

City State Zip Code
Norman OK 73072-3915

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

Name of Employer Oklahoma Hospital Association Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2007
Transaction ID: 14721252
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Joe Duerr

Mailing Address 501 14th Street

City State Zip Code
Perry OK 73077-5099

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

Name of Employer Perry Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 173.00

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

Transaction ID: 14722395

Amount of Each Receipt this Period
48.00

B.

Full Name (Last, First, Middle Initial)
Mr. Joe Duerr

Mailing Address 501 14th Street

City State Zip Code
Perry OK 73077-5099

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

Name of Employer Perry Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

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

Transaction ID: 14722398

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ms. Cynthia Duncan

Mailing Address 1115 East Jasmine

City State Zip Code
Frederick OK 73542-4020

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

Name of Employer Memorial Hospital and Physician Group Occupation Director, Human Resources

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 0 / 2 4 / 2 0 0 7

Transaction ID: 14722400

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **348.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Mr. B. Joe Gunn

Mailing Address Post Office Box 326

City State Zip Code
Vinita OK 74301-0326

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

Name of Employer Occupation
Craig General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14724050

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Debbie Howe

Mailing Address Post Office Box 489

City State Zip Code
Okeene OK 73763-0489

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

Name of Employer Occupation
Weatherford Regional Hospital Administrator

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 0 / 2 4 / 2 0 0 7

Transaction ID: 14724052

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Linda Jones

Mailing Address 122 North 12th Street

City State Zip Code
Frederick OK 73542-5629

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

Name of Employer Occupation
Memorial Hospital and Physician Group Nursing Administrator

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 0 / 2 4 / 2 0 0 7

Transaction ID: 14724660

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 111 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg Martin

Mailing Address 1310 South Main Street

City State Zip Code
Grove OK 74344-1348

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

Name of Employer
Integris Grove General Hospital

Occupation
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	0	/	2	4	/	2	0	0	7

Transaction ID: 14724663

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Sheryl R. McLain, MS

Mailing Address 2301 Steeplechase Road

City State Zip Code
Edmond OK 73034-5893

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

Name of Employer
Oklahoma Hospital Association

Occupation
Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

Transaction ID: 14724665

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Gloria Thurman

Mailing Address 319 East Josephine

City State Zip Code
Frederick OK 73542-2220

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

Name of Employer
Memorial Hospital and Physician Group

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	0	/	2	4	/	2	0	0	7

Transaction ID: 14724717

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 112 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Karl Weinmeister

Mailing Address 3300 Northwest Expressway

City State Zip Code
Oklahoma City OK 73112-4418

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

Name of Employer Occupation
Integris Baptist Medical Center Managing Director

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

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

Transaction ID: 14724758

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. David D Whitaker, , FACHE

Mailing Address P O Box 1308

City State Zip Code
Norman OK 73070-1308

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

Name of Employer Occupation
Norman Regional Health System President and Chief Executive Officer

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

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

Transaction ID: 14724759

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Winters

Mailing Address 3808 Skyward Circle

City State Zip Code
Yukon OK 73099-3220

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

Name of Employer Occupation
Oklahoma Hospital Association Vice President Support Services

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

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

Transaction ID: 14724760

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 113 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Brian K Woodliff

Mailing Address P O Box 1008

City State Zip Code
Tahlequah OK 74465-1008

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

Name of Employer Occupation
Tahlequah City 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 0 / 2 4 / 2 0 0 7

Transaction ID: 14724761

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Katie Vaughan

Mailing Address 506 A East Howell Avenue

City State Zip Code
Alexandria VA 22301

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

Name of Employer Occupation
American Hospital Association-Washingt Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

Transaction ID: PR1034595119674

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer Occupation
American Hospital Association-Washingt VP & Chief Washington Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR1045726219674

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **390.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 156
(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Barbara Jellen</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Section Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 212.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1113464219674</p> <p>Amount of Each Receipt this Period 25.00</p> <p>P/R Deduction (\$12.50 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal</p> <p>Mailing Address 325 Seventh Street, NW</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1125613619674</p> <p>Amount of Each Receipt this Period 40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Mr. Davon Gray</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Legislative Assistant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 206.53</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1143013019674</p> <p>Amount of Each Receipt this Period 21.74</p> <p>P/R Deduction (\$10.86 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	86.74
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 156		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Michelle Marie Mathy	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1660 Lanier Place NW Apt. 309	Transaction ID: PR1300853719674
	City Washington State DC Zip Code 20009-2947	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.34 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Project Manager/PAC Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40	

B.	Full Name (Last, First, Middle Initial) Ms. Emily Claire Francis	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1200 North Veitch Street Apt. 1023	Transaction ID: PR1315883919674
	City Arlington State VA Zip Code 22201-5818	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$9.62 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

C.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR1339349919674
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
	Name of Employer American Hospital Association Occupation Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1260.00	

SUBTOTAL of Receipts This Page (optional)	160.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 156
	<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. Frances Margolin		Date of Receipt
	Mailing Address One North Franklin		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Chicago	IL	60606-3436
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Operatinos HRET	Transaction ID: PR1347702719674
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 400.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Chicago	IL	60606-3436
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer American Hospital Association-Chicago		Occupation Vice President & CIO	Transaction ID: PR1347703619674
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 400.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer American Hospital Association-Washingt		Occupation Vice President Federal Relations	Transaction ID: PR327629119674
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 900.00	Amount of Each Receipt this Period <input type="text"/> 90.00
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 190.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 117 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
Lake Barrington IL 60010-1939

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, PMGs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR327727319674

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code
Rockville MD 20852-3249

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

Name of Employer American Hospital Association-Washingt
Occupation Director, Grassroots Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR327745919674

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: PR327777819674

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► 220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 156
	<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. Neil J. Jesuele	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1003 Kimberly Place	Transaction ID: PR327801719674
	City State Zip Code Great Falls VA 22066-1546	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer: American Hospital Association-Washingt Occupation: Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327812019674
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer: American Organization of Nurse Executi Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1055.00	

C.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin Street	Transaction ID: PR327846219674
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$9.50 Bi-Weekly)
	Name of Employer: American Hospital Association-Chicago Occupation: Vice President, Meetings & Travel Serv Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	149.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

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

Name of Employer American Hospital Association-Washingt
Occupation Director, Policy Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: PR327851919674

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Executive Director, AHAPAC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

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

Transaction ID: PR327858019674

Amount of Each Receipt this Period
80.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
826.31

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

Transaction ID: PR327877819674

Amount of Each Receipt this Period
86.98

P/R Deduction (\$43.22 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **216.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 / /

Transaction ID: PR327895719674

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 / /

Transaction ID: PR328132819674

Amount of Each Receipt this Period 90.00

P/R Deduction (\$45.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Lorsbach

Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 / /

Transaction ID: PR328136919674

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 156
	<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. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR328223819674

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City Silver Spring State MD Zip Code 20906

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR328224919674

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Pollack

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

Transaction ID: PR328260919674

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

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

Name of Employer American Hospital Association-Washingt
Occupation Sr. Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR328310419674

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen

Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: PR328312719674

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Director, Political Action & Grassroot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

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

Transaction ID: PR328341819674

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ► 280.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 156
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.53

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

Transaction ID: PR328490119674

Amount of Each Receipt this Period 21.74

P/R Deduction (\$10.86 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1047.20

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

Transaction ID: PR328511819674

Amount of Each Receipt this Period 95.20

P/R Deduction (\$47.60 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell

Mailing Address 909 N. Madison St.

City Arlington State VA Zip Code 22205-1655

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

Transaction ID: PR328512019674

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 156.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 156	
	<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

A.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin Street	Transaction ID: PR329013419674
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Abuse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR329071319674
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation President & COO, Leadership & Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR329084419674
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 43.48
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$21.72 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Executive Br Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 413.06	

SUBTOTAL of Receipts This Page (optional)	193.48
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 156
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

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

Transaction ID: PR329215719674

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Executive Services Director

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
220.00

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

Transaction ID: PR330343319674

Amount of Each Receipt this Period
20.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas Misfeldt

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

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

Transaction ID: PR330411619674

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 / /

Transaction ID: PR330475419674

Amount of Each Receipt this Period 80.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 / /

Transaction ID: PR330534319674

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive
Unit 2303

City State Zip Code
Chicago IL 60611-7424

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 / /

Transaction ID: PR330547719674

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 156
(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
							17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt	
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR330549219674
	Chicago	IL	60606-3436	
	FEC ID number of contributing federal political committee.		C	
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Member Relations		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt	
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR330776119674
	Washington	DC	20004-2818	
	FEC ID number of contributing federal political committee.		C	
Name of Employer American Hospital Association-Washingt		Occupation V.P., Advocacy & Member Communications		43.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 478.28		

P/R Deduction (\$21.74 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt	
	Mailing Address 26 West Glendale Ave		M M / D D / Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR331304219674
	Alexandria	VA	22301-2402	
	FEC ID number of contributing federal political committee.		C	
Name of Employer American Hospital Association-Washingt		Occupation Director Advocacy and Public Policy Op		38.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.26		

P/R Deduction (\$19.02 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	121.96
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alexander R. White, Jr.
Mailing Address PO Box 15587

City Austin State TX Zip Code 78761-5587

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

Name of Employer American Hospital Association Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1317.69

Date of Receipt / /
Transaction ID: PR331416019674
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$62.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City Falls Church State VA Zip Code 22046-2613

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt / /
Transaction ID: PR331533219674
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHRM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt / /
Transaction ID: PR346168119674
 Amount of Each Receipt this Period 41.66
 P/R Deduction (\$20.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **241.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ms. Kristin Welsh</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Senior Director Executive Branch Relat</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 843.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR517619719674</p> <p>Amount of Each Receipt this Period 78.40</p> <p>P/R Deduction (\$39.20 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson</p> <p>Mailing Address 606 South Royal Street</p> <p>City State Zip Code Alexandria VA 22314-4142</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.78</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR766023719674</p> <p>Amount of Each Receipt this Period 38.48</p> <p>P/R Deduction (\$57.50 Bi-Weekly)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR876637219674</p> <p>Amount of Each Receipt this Period 20.00</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	136.88
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 156
(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

A.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: PR936292319674

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)	▶	20.00
TOTAL This Period (last page this line number only)	▶	114111.04

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

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

FOR LINE NUMBER: PAGE 131 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

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

Transaction ID: 14633046

Amount of Each Receipt this Period
35000.00

B. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
84950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 7

Transaction ID: 14660512

Amount of Each Receipt this Period
39950.00

C. Full Name (Last, First, Middle Initial)
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City State Zip Code
Phoenix AZ 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23500.00

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

Transaction ID: 14671830

Amount of Each Receipt this Period
7500.00

SUBTOTAL of Receipts This Page (optional) ► **82450.00**

TOTAL This Period (last page this line number only) ► **82450.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 156
(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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

3444.65

Date of Receipt

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

Transaction ID: 14726488

Amount of Each Receipt this Period
387.52

Interest

SUBTOTAL of Receipts This Page (optional)	▶	387.52
TOTAL This Period (last page this line number only)	▶	387.52

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

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

FOR LINE NUMBER: (check only one)

<input 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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 14726498 Date of Disbursement 10 / 02 / 2007
	Mailing Address Ste. 001	Amount of Each Disbursement this Period 4.50
	City Chicago State IL Zip Code 60679	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 14726592 Date of Disbursement 10 / 04 / 2007
	Mailing Address 1601 Elm Street	Amount of Each Disbursement this Period 80.00
	City Dallas State TX Zip Code 75201	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

C.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: 14726600 Date of Disbursement 10 / 04 / 2007
	Mailing Address 1601 Elm Street	Amount of Each Disbursement this Period 193.94
	City Dallas State TX Zip Code 75201	
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

SUBTOTAL of Disbursements This Page (optional)	278.44
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 134 / 156

<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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 14726508 Date of Disbursement 10 / 05 / 2007
	Mailing Address Ste. 001	
	City Chicago State IL Zip Code 60679	Amount of Each Disbursement this Period 50.15
	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Merchant Fees

B.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.	Transaction ID: 14726603 Date of Disbursement 10 / 18 / 2007
	Mailing Address 1400 G Street, NW	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 76.92
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

SUBTOTAL of Disbursements This Page (optional)	127.07
TOTAL This Period (last page this line number only)	405.51

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Serrano For Congress	Transaction ID: 14724762 Date of Disbursement 10 / 03 / 2007
	Mailing Address 275 Madison Avenue	Amount of Each Disbursement this Period 1000.00
	City New York State NY Zip Code 10016	
	Purpose of Disbursement Contribution Candidate Name Rep. Jose E. Serrano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 14725332 Date of Disbursement 10 / 03 / 2007
	Mailing Address PO Box 23940	Amount of Each Disbursement this Period 2000.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Contribution Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Bob Brady For Congress	Transaction ID: 14724764 Date of Disbursement 10 / 03 / 2007
	Mailing Address 2000 Market Street Suite 500	Amount of Each Disbursement this Period 1000.00
	City Philadelphia State PA Zip Code 19103	
	Purpose of Disbursement Contribution Candidate Name Rep. Robert A. Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

<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

A.	Full Name (Last, First, Middle Initial) David Davis Victory Fund	Transaction ID: 14724755 Date of Disbursement 10 / 03 / 2007
	Mailing Address 2016 Northwood Drive	Amount of Each Disbursement this Period 1000.00
	City Johnson City State TN Zip Code 37601	Contribution
	Purpose of Disbursement Contribution Candidate Name Mr. David Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 01	

B.	Full Name (Last, First, Middle Initial) Jobs, Opportunity & Education, PAC (JOE-	Transaction ID: 14724745 Date of Disbursement 10 / 03 / 2007
	Mailing Address 84-54 Grand Avenue	Amount of Each Disbursement this Period 1000.00
	City Elmhurst State NY Zip Code 11373	2007 Contribution
	Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 14724835 Date of Disbursement 10 / 03 / 2007
	Mailing Address P.O. Box 868	Amount of Each Disbursement this Period 1000.00
	City Levittown State PA Zip Code 19058	Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) ROYB - Rely on Your Beliefs Fund</p> <p>Mailing Address 1300 Pennsylvania Avenue, NW Suite 700</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726477</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>2007 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Peterson</p> <p>Mailing Address 114 W. State Street PO Box 295</p> <p>City Pleasantville State PA Zip Code 16341</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John E. Peterson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726512</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726510</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

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)

<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

<p>A. Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America</p> <p>Mailing Address 1341 G Street, NW Suite 200</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2007 Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726471 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2007 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For U.S. Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Stephanie Tubbs Jones</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726496 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 205 South 5th Ave Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726489 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Hayes For Congress</p> <p>Mailing Address Post Office Box 2000</p> <p>City Concord State NC Zip Code 28026</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Robin C. Hayes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726601 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.</p> <p>Mailing Address P.O. Box 321</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726480 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Welch For Congress</p> <p>Mailing Address PO Box 1086</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Peter Welch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726478 Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address PO Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726594</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726500</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Zach Wamp</p> <p>Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200</p> <p>City Chattanooga State TN Zip Code 37422</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Zach Wamp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14728862</p> <p>Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Texans For Lamar Smith Mailing Address PO Box 6155 City San Antonio State TX Zip Code 78209 Purpose of Disbursement Contribution Candidate Name Rep. Lamar S. Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14726626 Date of Disbursement 10 / 16 / 2007	Amount of Each Disbursement this Period 1000.00
		011 Category/ Type	Contribution
B.	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc. Mailing Address P.O. Box 714 City Hackensack State NJ Zip Code 07602 Purpose of Disbursement Contribution Candidate Name Rep. Steven R. Rothman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14726629 Date of Disbursement 10 / 16 / 2007	Amount of Each Disbursement this Period 1000.00
		011 Category/ Type	Contribution
C.	Full Name (Last, First, Middle Initial) Tiaht For Congress Mailing Address 2250 N Rock Rd #118 A City Wichita State KS Zip Code 67226 Purpose of Disbursement Contribution Candidate Name Rep. Todd Tiaht Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14726640 Date of Disbursement 10 / 16 / 2007	Amount of Each Disbursement this Period 1000.00
		011 Category/ Type	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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)

<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

<p>A. Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14728854 Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14728858 Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726631 Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) SnowPAC</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726613</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>2007 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) LA PAC</p> <p>Mailing Address 8208 Portsmouth Street</p> <p>City Bakersfield State CA Zip Code 93311</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726612</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>2007 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61202</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Philip Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14726623</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) McNerney For Congress <hr/> Mailing Address 5429 Madison Avenue <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14726621 Date of Disbursement 10 / 16 / 2007	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Alexander For Senate 2008 Inc <hr/> Mailing Address 228 S Washington Street Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Void of 9/07 check Candidate Name Sen. Lamar Alexander Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14729760 Date of Disbursement 10 / 19 / 2007	Amount of Each Disbursement this Period -1000.00 Void of 9/07 check
C.	Full Name (Last, First, Middle Initial) Hal Rogers For Congress <hr/> Mailing Address P.O. Box 1214 East Mt Vernon St <hr/> City Somerset State KY Zip Code 42502 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Harold Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14729259 Date of Disbursement 10 / 22 / 2007	Amount of Each Disbursement this Period 1000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	1000.00

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Friends For Jim McDermott</p> <p>Mailing Address PO Box 21786</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jim McDermott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729372</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson</p> <p>Mailing Address PO Box 822 P.O. Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729380</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate</p> <p>Mailing Address 500 Red Sail Way</p> <p>City Satellite Beach State FL Zip Code 32937</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Sen. Bill Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729135</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p> <p>2012 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

<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

A.

Full Name (Last, First, Middle Initial)
Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Lewis

011
Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 14729381
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Lewis

011
Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 14729387
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Tom Davis For Congress

Mailing Address 6429 Downing Court

City Annandale State VA Zip Code 22003

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas M. Davis, III

011
Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 11

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 14729233
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 14729247 Date of Disbursement 10 / 22 / 2007
	Mailing Address 76 Magnolia Terrace	Amount of Each Disbursement this Period 2000.00
	City Springfield State MA Zip Code 01108	Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. Richard E. Neal 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	Transaction ID: 14729248 Date of Disbursement 10 / 22 / 2007
	Mailing Address 76 Magnolia Terrace	Amount of Each Disbursement this Period 500.00
	City Springfield State MA Zip Code 01108	Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. Richard E. Neal 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 14729256 Date of Disbursement 10 / 22 / 2007
	Mailing Address PO Box 133	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	Contribution
	Purpose of Disbursement Contribution Candidate Name Rep. Michael N. Castle 011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Kind For Congress Committee	Transaction ID: 14729394 Date of Disbursement
	Mailing Address 205 South 5th Ave Suite 428	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Ron Kind	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Contribution
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CHC-BOLD PAC:Building our Leadership Diversity PAC	Transaction ID: 14729039 Date of Disbursement
	Mailing Address Post Office Box 310	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 Contribution	<input type="text" value="1000.00"/>
	Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	2007 Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mike Rogers For Congress	Transaction ID: 14729388 Date of Disbursement
	Mailing Address 123 East 13th Street	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City Anniston State AL Zip Code 36201	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Michael D. Rogers	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Contribution
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Carnahan In Congress	Transaction ID: 14729251 Date of Disbursement
	Mailing Address 7370 Manchester Rd Ste 20	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City St. Louis State MO Zip Code 63143	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Rep. Russ Carnahan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Contribution
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Battle Born PAC	Transaction ID: 14728871 Date of Disbursement
	Mailing Address 1155 21st Street, NW Suite 300	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 Contribution	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	2007 Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) All America PAC	Transaction ID: 14728922 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement 2007 Contribution	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	2007 Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) HARVEST PAC	Transaction ID: 14729082 Date of Disbursement 10 / 22 / 2007	
	Mailing Address 236 Massachusetts Ave., NE Suite 508		
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement 2007 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) ▼	2007 Contribution
B.	Full Name (Last, First, Middle Initial) Democratic Freshmen PAC	Transaction ID: 14728985 Date of Disbursement 10 / 22 / 2007	
	Mailing Address 607 14th Street NW Suite 800		
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement 2007 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) ▼	2007 Contribution
C.	Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee	Transaction ID: 14729434 Date of Disbursement 10 / 25 / 2007	
	Mailing Address PO Box 23626		
	City Federal Way State WA Zip Code 98093	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name Rep. Adam Smith	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Fortney Peter Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729416 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution 011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Sue Wilkins Myrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729402 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution 011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address P.O. Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729404 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution 011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address P.O. Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729413 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address Post Office Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Saxby Chambliss</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729422 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Jobs, Opportunity & Education, PAC (JOE-)</p> <p>Mailing Address 84-54 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729396 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>2007 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

<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

A.

Full Name (Last, First, Middle Initial)
Tuesday Group PAC

Mailing Address PO Box 40385

City Washington State DC Zip Code 20016

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 14729395
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1500.00

2007 Contribution

B.

Full Name (Last, First, Middle Initial)
Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael K. Simpson

011
Category/
Type

Office Sought: House Senate President

State: ID District: 02

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 14729492
Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Reyes Committee, Inc., The

Mailing Address 1011 Montana Ave.

City El Paso State TX Zip Code 79901

Purpose of Disbursement
Contribution

Candidate Name
Rep. Silvestre Reyes

011
Category/
Type

Office Sought: House Senate President

State: TX District: 16

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 14729527
Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

<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

A.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: 14729489 Date of Disbursement 10 / 29 / 2007
	Mailing Address 607 14th Street Nw Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name Sen. Mary L. Landrieu	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: 14729490 Date of Disbursement 10 / 29 / 2007
	Mailing Address 607 14th Street Nw Suite 800	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name Sen. Mary L. Landrieu	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 14729533 Date of Disbursement 10 / 29 / 2007
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 2000.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement Contribution Candidate Name Rep. Shelley Berkley	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729534</p> <p>Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) LoBiondo For Congress</p> <p>Mailing Address PO Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729541</p> <p>Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729540</p> <p>Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729521 Date of Disbursement: 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) BRIDGE PAC</p> <p>Mailing Address 499 South Capitol St., SW Suite 114</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729459 Date of Disbursement: 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>2007 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Hodes For Congress</p> <p>Mailing Address 26 South Main Street, #253</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Paul W. Hodes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14729509 Date of Disbursement: 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	98000.00