

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Melinda Hatton Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 07 19 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1038787.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	886851.06									
(c) Total Receipts (from Line 19) .....	120007.24	468931.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1006858.30	1507718.74								
7. Total Disbursements (from Line 31) .....	205835.12	706695.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	801023.18	801023.18								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	36596.86	150658.90
(i) Itemized (use Schedule A) .....	33079.51	86064.94
(ii) Unitemized .....	69676.37	236723.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	6250.00
(c) Other Political Committees (such as PACs) .....	69676.37	242973.84
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	50000.00	223900.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	330.87	2057.32
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)) .....	120007.24	468931.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	120007.24	468931.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	285.12	3592.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	285.12	3592.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	205550.00	702350.00
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	3.10
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))..	205835.12	706695.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	205835.12	706695.56

**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 .....	69676.37	242973.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69676.37	242223.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	285.12	3592.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	285.12	3592.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Edward Andersen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 100 East LeFevre Road		Transaction ID: 14233056
City State Zip Code Sterling IL 61081-1279	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CGH Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Brad Billings		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 722 Eagle Trace		Transaction ID: 14233057
City State Zip Code Quincy IL 62305-6201	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blessing Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Darrell Blaylock		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 5301 South Congress Avenue		Transaction ID: 14233058
City State Zip Code Atlantis FL 33462-1197	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer J. F. K. Medical Center	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Edgar J Curtis, R.N.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 701 North First Street		<b>Transaction ID:</b> 14233061
City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Health System	Occupation Executive Vice President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Forrest G Hester		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address Post Office Box 569		<b>Transaction ID:</b> 14233066
City State Zip Code Lincoln IL 62656-0569	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Abraham Lincoln Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr Robert W Kay		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 701 North First Street		<b>Transaction ID:</b> 14233069
City State Zip Code Springfield IL 62781-0001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Memorial Medical Center	Occupation Senior Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. James Leonard, , M.D.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 611 West Park Street		<b>Transaction ID:</b> 14233072
City State Zip Code Urbana IL 61801-2500	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Carle Foundation Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara J Martin, , R.N.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2615 Washington Street		<b>Transaction ID:</b> 14233075
City State Zip Code Waukegan IL 60085-4980	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Vista Medical Center West	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Patrick O'Connor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 660 North Westmoreland		<b>Transaction ID:</b> 14233078
City State Zip Code Lake Forest IL 60045-1659	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lake Forest Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Kathleen C Yosko		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address P O Box 795		Transaction ID: 14233080	
City Wheaton	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60189-0795		Transaction ID: 14233080	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Marianjoy Rehabilitation Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms Jody Abbott		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7	
Mailing Address 811 West 62nd Street		Transaction ID: 14236975	
City Kansas City	State MO	Amount of Each Receipt this Period 250.00	
Zip Code 64113-1503		Transaction ID: 14236975	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer North Kansas City Hospital	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Brian A Gragnolati, FACHE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 8600 Old Georgetown Road		Transaction ID: 14249782	
City Bethesda	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 20814-1422		Transaction ID: 14249782	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Suburban Hospital Health-care System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Frederick H Kuriger		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 243 Elm Street		<b>Transaction ID:</b> 14250141
City State Zip Code Claremont NH 03743-2099	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Valley Regional Hospital	Occupation Senior Vice President and Chief Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Reginald J. Lavoie		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address Swiftwater Road		<b>Transaction ID:</b> 14250142
City State Zip Code Woodsville NH 03785-2001	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cottage Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Steven Monette		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 243 Elm Street		<b>Transaction ID:</b> 14250143
City State Zip Code Claremont NH 03743-4921	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Valley Regional 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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Scott W Howe		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 173 Middle Street		<b>Transaction ID:</b> 14250144	
City State Zip Code Lancaster NH 03584-3508	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Weeks Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Russell G Keene		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 59 Page Hill Road		<b>Transaction ID:</b> 14250145	
City State Zip Code Berlin NH 03570-3542	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Androscoggin Valley Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bradford W Dykes		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2900 West 16th Street		<b>Transaction ID:</b> 14250697	
City State Zip Code Bedford IN 47421-3510	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bedford Regional Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Martin Padgett		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1606 Fox Run Trail		Transaction ID: 14250698
City State Zip Code Jeffersonville IN 47130-8204	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Clark Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Timothy A. Flesch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 336 Lant Lane		Transaction ID: 14250699
City State Zip Code Evansville IN 47715-3400	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Mary's Medical Center of Evansvill	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David L Callecod, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1315 N. Sheridan		Transaction ID: 14250706
City State Zip Code Marion IN 46952-1809	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Marion General Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 92
	<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. Gary A Meyer

Mailing Address 2280 Locut Court East

City State Zip Code  
Seymour IN 47274-8672

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

Name of Employer Occupation  
Schneck 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  
06 / 15 / 2007

**Transaction ID:** 14250707

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis W Dawes, , FACHE

Mailing Address 36 Brandywine Court

City State Zip Code  
Brownsburg IN 46112-1076

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

Name of Employer Occupation  
Hendricks Regional Health 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  
06 / 15 / 2007

**Transaction ID:** 14250711

Amount of Each Receipt this Period  
500.00

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

Mailing Address One American Square, Suite 1900  
Post Office Box 82063

City State Zip Code  
Indianapolis IN 46282-0200

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

Name of Employer Occupation  
Indiana Hospital & Health Association President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 14250712

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Gregory W Lintjer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 53308 Monticola Lane		<b>Transaction ID: 14250713</b>	
City State Zip Code Bristol IN 46507-9692	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Elkhart General Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda E White</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 5505 Timberlake Court		<b>Transaction ID: 14250714</b>	
City State Zip Code Evansville IN 47710-4134	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deaconess Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Stephen M Erixon</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 220 Windy Ridge		<b>Transaction ID: 14253265</b>	
City State Zip Code Hollister MO 65672-5725	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1042.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr Curt Kretzinger</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 5325 Faraon Street		<b>Transaction ID: 14253343</b>	
City State Zip Code Saint Joseph MO 64506-3398	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Heartland Regional Medical Center	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Earl Rogers</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 1675 Terrell Mill Road		<b>Transaction ID: 14265630</b>	
City State Zip Code Marietta GA 30067-8339	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Senior VP, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. R. Timothy Stack, FACHE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 2001 Peachtree Road NE Suite 400		<b>Transaction ID: 14265634</b>	
City State Zip Code Atlanta GA 30309-1476	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Piedmont Healthcare	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Larry Sanders, , FACHE		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 707 Center Street, Suite 400		<b>Transaction ID:</b> 14265640	
City State Zip Code Columbus GA 31901-1526	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Columbus Regional Health-care System	Occupation Chairman and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Keith Sandlin		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address P O Box 200008		<b>Transaction ID:</b> 14265642	
City State Zip Code Cartersville GA 30120-9001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Emory Cartersville Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Karen Waters		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 1569 Asheforde Drive		<b>Transaction ID:</b> 14265648	
City State Zip Code Marietta GA 30068-1850	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Vice President, Professional Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Temple Sellers</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 1782 Briar Lake Circle		<b>Transaction ID: 14265664</b>	
City State Zip Code Decatur GA 30033-1110	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Regulatory Legislative Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Holly Bates Snow</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 1968 Peachtree Road NW		<b>Transaction ID: 14265671</b>	
City State Zip Code Atlanta GA 30309-1281	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Piedmont Hospital	Occupation Vice President Government and External		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Benjamin Underwood</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 2104 Murren Drive		<b>Transaction ID: 14265673</b>	
City State Zip Code Smyrna GA 30080-6520	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Talbot Recovery Campus	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Robert M Trimm		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address P O Box 139		<b>Transaction ID:</b> 14265674
City State Zip Code Waycross GA 31502-0139	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Satilla Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. W. Daniel Barker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 50 South Prado NE		<b>Transaction ID:</b> 14265677
City State Zip Code Atlanta GA 30309-3309	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wesley Woods Center of Emory Universit	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Kevin Bloye		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 2813 Bakers Bridge Drive		<b>Transaction ID:</b> 14265679
City State Zip Code Douglasville GA 30134-862	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Georgia Hospital Associat- ion	Occupation Vice President of Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Cal Calhoun		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 85 Rumson Court		<b>Transaction ID:</b> 14265680	
City State Zip Code Smyrna GA 30080-8009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Vice President, Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 900 Powers Ferry Road Suite 104		<b>Transaction ID:</b> 14265683	
City State Zip Code Marietta GA 30067-5774	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Director of Fiscal Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cindy R Turner		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address P O Drawer 1987		<b>Transaction ID:</b> 14265684	
City State Zip Code Alma GA 31510-1987	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bacon County Hospital and Health System	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Oliver J Booker

Mailing Address P O Box 1068

City State Zip Code  
Forsyth GA 31029-1068

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265685

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ginger E. Anspaugh, FHFMA

Mailing Address 4002 Sunhill Court

City State Zip Code  
Woodstock GA 30189-2561

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

Name of Employer Occupation  
Georgia Hospital Association Senior Vice President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265692

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lance B Duke, , FACHE

Mailing Address P O Box 951

City State Zip Code  
Columbus GA 31902-0951

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

Name of Employer Occupation  
Medical Center, The President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265694

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Donald R Avery, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address P O Box 7188		<b>Transaction ID:</b> 14265695
City State Zip Code Columbus GA 31908-7188	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hughston Orthopedic Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Danae Gambill		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 1345 Towne Lake Hills S. Drive 2000-402		<b>Transaction ID:</b> 14265700
City State Zip Code Woodstock GA 30189-5350	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Georgia Hospital Association	Occupation Director of Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gerald N Fulks		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 1514 Vernon Road		<b>Transaction ID:</b> 14265706
City State Zip Code Lagrange GA 30240-4131	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer West Georgia Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lynn Hale

Mailing Address 2016 Harbor Forest Drive

City State Zip Code  
Marietta GA 30064-8378

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

Name of Employer Georgia Hospital Association  
Occupation Assistant to the President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265709

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Howerton

Mailing Address 3365 W Paces Ferry Ct NW

City State Zip Code  
Atlanta GA 30327-2228

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

Name of Employer VHA Georgia, Inc.  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265713

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Don Campbell, M.D.

Mailing Address 677 Church Street

City State Zip Code  
Marietta GA 30060-1101

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

Name of Employer WellStar Kennestone Hospital  
Occupation Senior Vice President Physician Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265724

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Martha Harrell</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 109 Springs Drive		<b>Transaction ID: 14265728</b>	
City State Zip Code Roswell GA 30075-4825	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation VP Educational Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms Judy McClenaghan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 2806 Octavia Lane		<b>Transaction ID: 14265733</b>	
City State Zip Code Marietta GA 30062-4924	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Government Relations Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Michelle Anne Williams</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 4130 Brookview Drive		<b>Transaction ID: 14265734</b>	
City State Zip Code Atlanta GA 30339-4649	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Alston & Bird LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. G. Lamar Lyle		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2007
Mailing Address Post Office Box 44		<b>Transaction ID:</b> 14265740
City State Zip Code Dalton GA 30722-0044	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hamilton Medical Center	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Dorothy Vi B. Naylor		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2007
Mailing Address 190 Hunting Creek Drive		<b>Transaction ID:</b> 14265746
City State Zip Code Marietta GA 30068-3416	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Georgia Hospital Association	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Charles H Orrick		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2007
Mailing Address 102 Hospital Circle		<b>Transaction ID:</b> 14265751
City State Zip Code Donalsonville GA 39845-1100	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Donalsonville Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. A Donald Faulk, , FACHE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2007	
Mailing Address P O Box 6000		<b>Transaction ID:</b> 14265760	
City Macon	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 31208-6000			
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center of Central Georgia	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. William T Moore		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2007	
Mailing Address 3014 Castle Pines Drive		<b>Transaction ID:</b> 14265765	
City Duluth	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30097-2039			
FEC ID number of contributing federal political committee. C			
Name of Employer Atlanta Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Rhett Partin		Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2007	
Mailing Address 1675 Terrell Mill Road		<b>Transaction ID:</b> 14265767	
City Marietta	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30067-8339			
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Hospital Association	Occupation Exec. Director, Center for Rural Health		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Glenn Pearson		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 660 Crossfire Ridge		<b>Transaction ID:</b> 14265768	
City State Zip Code Marietta GA 30064-1393	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph A. Parker		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 3497 Mill Bridge Drive		<b>Transaction ID:</b> 14265770	
City State Zip Code Marietta GA 30062-5598	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Joyce Reid		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 3500 Mooregate Drive		<b>Transaction ID:</b> 14265773	
City State Zip Code Marietta GA 30062-5900	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Georgia Hospital Association	Occupation Health and Accountability Specialist,		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kathleen Paul		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 1100 Ninth Avenue		<b>Transaction ID:</b> 14278579	
City State Zip Code Seattle WA 98101-2756	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Virginia Mason Medical Center	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Patricia Degroodt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 1330 Rockefeller P.O. Box 1147		<b>Transaction ID:</b> 14278580	
City State Zip Code Everett WA 98201-1684	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Providence Health System/NWSA	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Diane Cecchetti, RN, MS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 12709 54th Avenue, NW		<b>Transaction ID:</b> 14278581	
City State Zip Code Gig Harbor WA 98332-8853	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MultiCare Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Johnese M. Spisso, RN, MPA		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 11344 Riviera Place NE		<b>Transaction ID:</b> 14278582	
City State Zip Code Seattle WA 98125-5960	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Harborview Medical Center	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph W. Wilczek		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 1175 SW 296th Street		<b>Transaction ID:</b> 14278583	
City State Zip Code Federal Way WA 98023-8251	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Franciscan Health System	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Leo F. Greenawalt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 4423 E. Sequim Bay Road		<b>Transaction ID:</b> 14278584	
City State Zip Code Sequim WA 98382-9679	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washington State Hospital Association	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 92
	(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. David Jimenez

Mailing Address 615 Elsinore Place

City State Zip Code  
Cincinnati OH 45202-1459

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

Name of Employer  
Catholic Healthcare Partners  
Occupation  
Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2007

Transaction ID: 14278601

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia R. Goldman

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  
Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2007

Transaction ID: 14278607

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lowell C. Kruse, FACHE

Mailing Address 7300 SE 75th Road

City State Zip Code  
Saint Joseph MO 64507-8073

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

Name of Employer  
Heartland Health  
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  
06 / 20 / 2007

Transaction ID: 14280108

Amount of Each Receipt this Period  
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 12675 Riviera Heights Road		<b>Transaction ID:</b> 14280114
City State Zip Code Holts Summit MO 65043-2039	Amount of Each Receipt this Period 111.12	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Health Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Marc D. Smith		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 5612 Tanner Bridge Road		<b>Transaction ID:</b> 14280126
City State Zip Code Jefferson City MO 65101-8275	Amount of Each Receipt this Period 111.12	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Missouri Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.60	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Vincent J McCorkle, , CHE		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address P O Box 9012		<b>Transaction ID:</b> 14282006
City State Zip Code Springfield MA 01102-9012	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mercy Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	472.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Mark H. Shuter		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 272 Hospital Road		<b>Transaction ID:</b> 14282773
City State Zip Code Chillicothe OH 45601-9031	Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Adena 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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John E. Callender		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 2743 Elginfield Road		<b>Transaction ID:</b> 14282774
City State Zip Code Upper Arlington OH 43220-4247	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Melvin R Creeley		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 425 West Fifth Street		<b>Transaction ID:</b> 14282775
City State Zip Code East Liverpool OH 43920-2498	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer East Liverpool City Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Cynthia Ann Moore-Hardy		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 10 East Washington		<b>Transaction ID:</b> 14282776	
City Painesville	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 44077-3460			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lake Hospital 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		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Thomas L Sieber		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2951 Maple Avenue		<b>Transaction ID:</b> 14282777	
City Zanesville	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 43701-1406			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Genesis HealthCare 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. R. Reed Fraley		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 257 Clouse Lane		<b>Transaction ID:</b> 14282778	
City Granville	State OH	Amount of Each Receipt this Period 125.00	
Zip Code 43023-1428			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ohio Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John T Gribbin		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 5 Ephraim Road		Transaction ID: 14285529	
City Clarksburg	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08510-1620		FEC ID number of contributing federal political committee. C	
Name of Employer CentraState Healthcare System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Al Maghazehe		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 314 Stoney Ford road		Transaction ID: 14285544	
City Holland	State PA	Amount of Each Receipt this Period 1474.00	
Zip Code 18966-2510		FEC ID number of contributing federal political committee. C	
Name of Employer Capital Health System at Fuld	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1474.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David P Tilton		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 624 Park Place		Transaction ID: 14285562	
City Galloway	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08205-6014		FEC ID number of contributing federal political committee. C	
Name of Employer AtlantiCare	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2474.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Thomas O. Barnes		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 123 Main Street		<b>Transaction ID:</b> 14296233
City Bristol	State CT	Zip Code 06010-6307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Bristol Hospital	Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. James R. Castle		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 815 Gatehouse Lane		<b>Transaction ID:</b> 14300293
City Columbus	State OH	Zip Code 43235-1733
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Ohio Hospital Association	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mandy C Goble		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 205 Palmer Avenue		<b>Transaction ID:</b> 14300294
City Bellefontaine	State OH	Zip Code 43311-2298
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mary Rutan Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Karen Nelson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 2 Stonehedge Drive		<b>Transaction ID: 14300346</b>	
City Wilmington	State MA	Zip Code 01887-3190	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew D. Williams</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 615 Elsinore Place		<b>Transaction ID: 14300357</b>	
City Cincinnati	State OH	Zip Code 45202-1459	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Catholic Healthcare Partners	Occupation VP, Advocacy and Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael D Connelly</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 615 Elsinore Place		<b>Transaction ID: 14300358</b>	
City Cincinnati	State OH	Zip Code 45202-1459	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Catholic Healthcare Partners	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Rudy C. Snedigar		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 171 SE 3rd Lane		<b>Transaction ID:</b> 14300389	
City State Zip Code Lamar MO 64759-9212	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Barton County Memorial Hospital	Occupation Administrator and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Fred J. Lucky		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 14607 West 89th Street		<b>Transaction ID:</b> 14308005	
City State Zip Code Lenexa KS 66215-2967	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kansas Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Ronald R Peterson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 733 North Broadway, BRB 104		<b>Transaction ID:</b> 14313543	
City State Zip Code Baltimore MD 21205	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Johns Hopkins Health System	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	640.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Martin L Doordan		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 2001 Medical Parkway		<b>Transaction ID:</b> 14313546
City State Zip Code Annapolis MD 21401-3280	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anne Arundel Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Carl J Schindelar		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 9000 Franklin Square Drive		<b>Transaction ID:</b> 14313547
City State Zip Code Baltimore MD 21237-2998	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Franklin Square Hospital Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Christine R Wray		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address P O Box 527		<b>Transaction ID:</b> 14313549
City State Zip Code Leonardtown MD 20650-0527	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Mary's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	825.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ms. Joanne E Pollak, , JD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 733 North Broadway, BRB 104		<b>Transaction ID: 14313550</b>	
City State Zip Code Baltimore MD 21205	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Johns Hopkins Health System	Occupation Vice President and General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Katie Vaughan</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 506 A East Howell Avenue		<b>Transaction ID: PR1034595119191</b>	
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Ms. Melinda Reid Hatton</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: PR1045726219191</b>	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation VP & Chief Washington Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Sohini Jindal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613619191	
Mailing Address 325 Seventh Street, NW		Amount of Each Receipt this Period 40.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Director Aggregate Year-to-Date ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1339349919191	
Mailing Address One North Franklin		Amount of Each Receipt this Period 120.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Account Executive Aggregate Year-to-Date ▼ 720.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327629119191	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 90.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Federal Relations Aggregate Year-to-Date ▼ 495.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 92
	<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. 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 ▼  
350.00

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

**Transaction ID:** PR327727319191

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 ▼  
350.00

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

**Transaction ID:** PR327745919191

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Austin Thompson, RN, MSN

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 Organization of Nurse Executi  
Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
695.00

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

**Transaction ID:** PR327812019191

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mr. Mark Seklecki</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID: PR327858019191</b>
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer American Hospital Association-Washingt Occupation Executive Director, AHAPAC	Aggregate Year-to-Date ▼ _____ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John F. Barry</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address One North Franklin		<b>Transaction ID: PR327877819191</b>
City State Zip Code Millis MA 60606-3436	Amount of Each Receipt this Period _____ 86.98	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$43.49 Bi-Weekly)	
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ _____ 434.90	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John R. Combes, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1610 Tahiti Court		<b>Transaction ID: PR328006019191</b>
City State Zip Code Gulf Breeze FL 32563-4937	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer American Hospital Association-Chicago Occupation COO, Center for Healthcare Governance	Aggregate Year-to-Date ▼ _____ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>266.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Richard J Umbdenstock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328132819191	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 90.00	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation President	Aggregate Year-to-Date ▼ 495.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$45.00 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara Lorschach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136919191	
Mailing Address 204 South 7th Avenue		Amount of Each Receipt this Period 100.00	
City La Grange State IL Zip Code 60525-6406	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224919191	
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 100.00	
City Silver Spring State MD Zip Code 20906	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328241419191	
Mailing Address 1093 N. Faldo Way		Amount of Each Receipt this Period 55.56	
City State Zip Code Eagle ID 83616-5369	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.14		
		P/R Deduction (\$27.78 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260919191	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00	
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 520.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310419191	
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 100.00	
City State Zip Code Arnold MD 21012-2126	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312719191 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

<b>B.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341819191 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511819191 Amount of Each Receipt this Period 95.20 P/R Deduction (\$47.60 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 618.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. 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. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR328512019191 Amount of Each Receipt this Period <input type="text"/> 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 260.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Robyn Cooke Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR329084419191 Amount of Each Receipt this Period <input type="text"/> 43.48 P/R Deduction (\$21.74 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 ▼ <input type="text"/> 217.40	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese Mailing Address 500 Interstate Boulevard South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR329215719191 Amount of Each Receipt this Period <input type="text"/> 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475419191	
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 80.00	
City State Zip Code Apple Valley MN 55124-9229	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549219191	
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776119191	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 43.48	
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 V.P., Advocacy & Member Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.62		
		P/R Deduction (\$21.74 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	163.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Darlene S. Vanderbush		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331304219191	
Mailing Address 26 West Glendale Ave.		Amount of Each Receipt this Period 38.48	
City State Zip Code Alexandria VA 22301-1101	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Public Policy Op		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.10		
P/R Deduction (\$19.24 Bi-Weekly)			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Alexander R. White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416019191	
Mailing Address PO Box 15587		Amount of Each Receipt this Period 120.00	
City State Zip Code Austin TX 78761-5587	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 777.69		
P/R Deduction (\$60.00 Bi-Weekly)			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Donald May		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331533219191	
Mailing Address 521 Great Falls Street		Amount of Each Receipt this Period 80.00	
City State Zip Code Falls Church VA 22046-2613	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
P/R Deduction (\$40.00 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	238.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Elizabeth Summy		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address One North Franklin		Transaction ID: PR346168119191	
City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 41.66
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, ASHRM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13		
		P/R Deduction (\$20.83 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Kristin Welsh		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR517619719191	
City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period 78.40
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Hospital Association-Washingt	Occupation Senior Director Executive Branch Relat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.40		
		P/R Deduction (\$39.20 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	120.06
<b>TOTAL</b> This Period (last page this line number only) .....	36596.86



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 92
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> California Healthcare Association PAC - Federal		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1215 K Street Suite 800		Transaction ID: 14249942
City Sacramento      State CA      Zip Code 95814	Amount of Each Receipt this Period 25000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00237495		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 101000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> New York Hospital & Healthcare Assoc. FED PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address One Empire Drive		Transaction ID: 14249960
City Rensselaer      State NY      Zip Code 12144	Amount of Each Receipt this Period 15000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00160259		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Health Alliance of PA PAC - Federal		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address Post Office Box 8600		Transaction ID: 14266160
City Harrisburg      State PA      Zip Code 17105-8600	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00128082		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	50000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 92	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2057.32

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: 14346640

Amount of Each Receipt this Period  
330.87

Bank Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	330.87

# 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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> 14346632 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address Ste. 001		Amount of Each Disbursement this Period 4.50
City Chicago State IL Zip Code 60679	Merchant Service Fee	
Purpose of Disbursement Merchant Service 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Merchant Bankcard</b>		<b>Transaction ID:</b> 14346634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 80.40
City Dallas State TX Zip Code 75201	Merchant Service Fee	
Purpose of Disbursement Merchant Service 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) ▼

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> 14346638 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address Ste. 001		Amount of Each Disbursement this Period 49.41
City Chicago State IL Zip Code 60679	Merchant Service Fee	
Purpose of Disbursement Merchant Service 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	134.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial)		Transaction ID: 14346635																					
A. Merchant Bankcard		Date of Disbursement																					
Mailing Address 1601 Elm Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	5		2	0	0	7														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Dallas	TX	75201	103.75																				
Purpose of Disbursement Merchant Service Fee		Category/ Type																					
Candidate Name		001																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						
		Merchant Service Fee																					

Full Name (Last, First, Middle Initial)		Transaction ID: 14346639																					
B. Citibank, F.S.B.		Date of Disbursement																					
Mailing Address 1400 G Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	9		2	0	0	7														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Washington	DC	20005	47.06																				
Purpose of Disbursement Bank Fee		Category/ Type																					
Candidate Name		001																					
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						
		Bank Fee																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	150.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	285.12

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Jerry Weller For Congress Inc.</b>		Transaction ID: 14238790 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 1000.00  Contribution
City Joliet State IL Zip Code 60434	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Gerald C. Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jim Saxton</b>		Transaction ID: 14238794 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 795		Amount of Each Disbursement this Period 2500.00  Contribution
City Mount Holly State NJ Zip Code 08060	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. James Saxton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens For Tom Petri</b>		Transaction ID: 14238793 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 270		Amount of Each Disbursement this Period 250.00  Contribution
City Fond Du Lac State WI Zip Code 54936	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas E. Petri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Graves For Congress</b>		Transaction ID: 14238792 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2345 Grand Suite 2400		Amount of Each Disbursement this Period 2500.00
City Kansas City State MO Zip Code 64108	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. Samuel B. Graves, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>B. Judd Gregg Committee</b>		Transaction ID: 14238789 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 1812		Amount of Each Disbursement this Period 1000.00
City Concord State NH Zip Code 03302	Purpose of Disbursement 2010 Contribution Contribution Category/Type 011	
Candidate Name Sen. Judd Gregg Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Contribution

Full Name (Last, First, Middle Initial) <b>C. Hayes For Congress</b>		Transaction ID: 14238795 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 2000.00
City Concord State NC Zip Code 28026	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. Robin C. Hayes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

<b>A. Hawkeye PAC</b> Full Name (Last, First, Middle Initial) Mailing Address P.O.Box 7255 City Des Moines State IA Zip Code 50309 Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14238788</b> Date of Disbursement 06 / 04 / 2007 Amount of Each Disbursement this Period 5000.00 011 Category/ Type 2007 Contribution
--	--	--

<b>B. Friends Of Phil Hare</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4183 City Rock Island State IL Zip Code 61202 Purpose of Disbursement Contribution Candidate Name Mr. Philip Hare Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14238791</b> Date of Disbursement 06 / 04 / 2007 Amount of Each Disbursement this Period 1000.00 011 Category/ Type Contribution
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<b>C. Pascrell For Congress Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement Contribution Candidate Name Rep. William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 8 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14244471</b> Date of Disbursement 06 / 05 / 2007 Amount of Each Disbursement this Period 1000.00 011 Category/ Type Contribution
--	--	---

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Abercrombie For Congress</b>		Transaction ID: 14244479 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 2300.00
City Honolulu State HI Zip Code 96814	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Neil Abercrombie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Mary Bono Committee</b>		Transaction ID: 14244470 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 2000.00
City Palm Springs State CA Zip Code 92263	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Mary Bono Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Pete King For Congress Committee</b>		Transaction ID: 14244477 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period 1000.00
City Seaford State NY Zip Code 11783	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Pete King For Congress Committee</b>		<b>Transaction ID:</b> 14244478 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period 2000.00
City Seaford State NY Zip Code 11783	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bennett Election Committee Inc</b>		<b>Transaction ID:</b> 14244473 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 500.00
City Salt Lake City State UT Zip Code 84101	2010 Contribution	
Purpose of Disbursement 2010 Contribution Candidate Name Sen. Robert F. Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2		011 Category/Type
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Walter Jones Committee 2006</b>		<b>Transaction ID:</b> 14244466 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 99667		Amount of Each Disbursement this Period 4000.00
City Raleigh State NC Zip Code 27624	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Walter B. Jones, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 3		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Walter Jones Committee 2006</b>		Transaction ID: 14244468 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address PO Box 99667		Amount of Each Disbursement this Period 1000.00 Contribution	
City Raleigh State NC Zip Code 27624	Purpose of Disbursement Contribution Candidate Name Rep. Walter B. Jones, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 3 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011			
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Crowley For Congress</b>		Transaction ID: 14244465 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 2500.00 Contribution	
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement Contribution Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Nadler For Congress</b>		Transaction ID: 14244476 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 3000.00 Contribution	
City New York State NY Zip Code 10014	Purpose of Disbursement Contribution Candidate Name Rep. Jerrold L. Nadler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Diane E Watson For Congress</b>		<b>Transaction ID:</b> 14244467 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 601 S Glenoaks Bl #211		Amount of Each Disbursement this Period 2000.00
City Burbank State CA Zip Code 91502	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Diane E. Watson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Candice Miller For Congress</b>		<b>Transaction ID:</b> 14244472 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 182152		Amount of Each Disbursement this Period 1000.00
City Shelby Township State MI Zip Code 48318	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Candice S. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Nebraska Leadership PAC (NELPAC)</b>		<b>Transaction ID:</b> 14244462 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 540186		Amount of Each Disbursement this Period 5000.00
City Omaha State NE Zip Code 68154	2007 Contribution	
Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Hank Johnson</b>		Transaction ID: 14244469 Date of Disbursement 06 / 05 / 2007
Mailing Address 5240 Snapfinger Park Dr Ste 140		Amount of Each Disbursement this Period 5000.00  Contribution
City Decatur State GA Zip Code 30035	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Hank Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Patrick Murphy For Congress</b>		Transaction ID: 14244475 Date of Disbursement 06 / 05 / 2007
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 1000.00  Contribution
City Levittown State PA Zip Code 19058	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Patrick Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Keep Nick Rahall In Congress Committee</b>		Transaction ID: 14244509 Date of Disbursement 06 / 11 / 2007
Mailing Address P O Box 64		Amount of Each Disbursement this Period 1000.00  Contribution
City Beckley State WV Zip Code 25802	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Nick J. Rahall, II		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Committee To Re-Elect Loretta Sanchez</b>		<b>Transaction ID:</b> 14244519 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1212 S Victory Bl Suite 211		Amount of Each Disbursement this Period 2000.00
City Burbank State CA Zip Code 91502	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Loretta Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Spratt For Congress Committee</b>		<b>Transaction ID:</b> 14244522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John M. Spratt, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Ciro D. Rodriguez for Congress</b>		<b>Transaction ID:</b> 14244538 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 363 W Harding		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78221	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ciro D. Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID:</b> 14244534 Date of Disbursement 06 / 11 / 2007
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00 Contribution
City Minnetonka State MN Zip Code 55305	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jim M. Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens For John Olver For Congress</b>		<b>Transaction ID:</b> 14244512 Date of Disbursement 06 / 11 / 2007
Mailing Address P.O. Box 819 PO Box 819		Amount of Each Disbursement this Period 1000.00 Contribution
City Amherst State MA Zip Code 01004	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John W. Olver		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Upton For All Of Us</b>		<b>Transaction ID:</b> 14244529 Date of Disbursement 06 / 11 / 2007
Mailing Address P.O. Box 490		Amount of Each Disbursement this Period 1500.00 Contribution
City St. Joseph State MI Zip Code 49085	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A. Hoosiers for Hill</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1071 City Seymour State IN Zip Code 47274 Purpose of Disbursement Contribution Candidate Name Mr. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 14244515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>B. John Lewis For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 2015 Wallace Rd. City Atlanta State GA Zip Code 30331 Purpose of Disbursement Contribution Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 14244523 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>C. Mary Bono Committee</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 3370 City Palm Springs State CA Zip Code 92263 Purpose of Disbursement Contribution Candidate Name Rep. Mary Bono Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 14244542 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00 Contribution
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

<b>A. Evan Bayh Committee</b> Full Name (Last, First, Middle Initial) Mailing Address 850 Ft Wayne Avenue City Indianapolis State IN Zip Code 46204 Purpose of Disbursement 2010 Contribution Candidate Name Sen. Evan Bayh Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14244493</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00 2010 Contribution
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<b>B. Jesse Jackson Jr. For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 490286 City Chicago State IL Zip Code 60649 Purpose of Disbursement Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 2 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14244506</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Contribution
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<b>C. Levin For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 230 North Avenue City Mt. Clemens State MI Zip Code 48043 Purpose of Disbursement Contribution Candidate Name Rep. Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 14244510</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 1500.00 Contribution
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Hayes For Congress</b>		<b>Transaction ID:</b> 14244537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 1000.00 Contribution
City State Zip Code Concord NC 28026	Purpose of Disbursement Contribution	
Candidate Name Rep. Robin C. Hayes	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Diana Degette For Congress Inc.</b>		<b>Transaction ID:</b> 14244504 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 1000.00 Contribution
City State Zip Code Denver CO 80206	Purpose of Disbursement Contribution	
Candidate Name Rep. Diana DeGette	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tim Murphy For Congress</b>		<b>Transaction ID:</b> 14244540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1500.00 Contribution
City State Zip Code Pittsburgh PA 15234	Purpose of Disbursement Contribution	
Candidate Name Rep. Tim F. Murphy	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Jo Bonner For Congress Committee</b>		<b>Transaction ID:</b> 14244527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 1000.00
City Mobile State Zip Code AL 36685	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name Rep. Jo Bonner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 1	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cathy McMorris For Congress</b>		<b>Transaction ID:</b> 14244530 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Box 137		Amount of Each Disbursement this Period 1000.00
City Spokane State Zip Code WA 99210	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name Rep. Cathy McMorris Rodgers	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Texans For Henry Cuellar Congressional Campaign</b>		<b>Transaction ID:</b> 14244528 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1519 Washington Street 2nd Floor Suite 200		Amount of Each Disbursement this Period 1000.00
City Laredo State Zip Code TX 78042	Purpose of Disbursement Contribution <b>011</b> Category/Type	
Candidate Name Rep. Henry Cuellar	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Matsui For Congress</b>		Transaction ID: 14244517 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 1738		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95812	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Rep. Doris Matsui	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) ▼	Contribution
State: CA District: 5		

Full Name (Last, First, Middle Initial) <b>B. Progressive Choices PAC</b>		Transaction ID: 14244484 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 58		Amount of Each Disbursement this Period 1000.00
City Evanston State IL Zip Code 60204	Purpose of Disbursement 2007 Contribution Contribution Category/Type 011	
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) ▼	2007 Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Heath Shuler For Congress</b>		Transaction ID: 14244539 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00
City Hazelwood State NC Zip Code 28738	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Mr. Joseph Shuler	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) ▼	Contribution
State: NC District: 11		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Perlmutter For Congress</b>		<b>Transaction ID: 14244525</b>	
Mailing Address 3440 Youngfield St #264		Date of Disbursement 06 / 11 / 2007	
City Wheat Ridge	State CO	Zip Code 80033	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Mr. Edwin Perlmutter		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO District: 7			

Full Name (Last, First, Middle Initial) <b>B. Giffords For Congress</b>		<b>Transaction ID: 14244535</b>	
Mailing Address PO Box 27565		Date of Disbursement 06 / 11 / 2007	
City Tucson	State AZ	Zip Code 85726	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Gabrielle Giffords		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 8			

Full Name (Last, First, Middle Initial) <b>C. Nancy Boyda For Congress</b>		<b>Transaction ID: 14244541</b>	
Mailing Address PO Box 1474		Date of Disbursement 06 / 11 / 2007	
City Topeka	State KS	Zip Code 66612	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Nancy Boyda		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KS District: 2			

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Joe Donnelly For Congress</b>		<b>Transaction ID:</b> 14244536 Date of Disbursement 06 / 11 / 2007
Mailing Address P.O. Box 1961 Century Building		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46634	Purpose of Disbursement Contribution Contribution Candidate Name Rep. Joseph Donnelly Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>B. Loeb sack For Congress</b>		<b>Transaction ID:</b> 14244531 Date of Disbursement 06 / 11 / 2007
Mailing Address 385 E. College St.		Amount of Each Disbursement this Period 1000.00
City Iowa City State IA Zip Code 52240	Purpose of Disbursement Contribution Contribution Candidate Name Mr. David Loeb sack Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>C. Rhode Island PAC</b>		<b>Transaction ID:</b> 14244483 Date of Disbursement 06 / 11 / 2007
Mailing Address 750 Elm grove Avenue		Amount of Each Disbursement this Period 1000.00
City Providence State RI Zip Code 02906	Purpose of Disbursement 2007 Contribution 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2007 Contribution

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Democrats Win Seats PAC</b>		<b>Transaction ID:</b> 14244492
Mailing Address 1071 Turin Branch Lane		Date of Disbursement MM / DD / YYYY 06 / 11 / 2007
City Weston	State FL	Zip Code 33326
Purpose of Disbursement 2007 Contribution		Amount of Each Disbursement this Period 1500.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2007 Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capuano For Congress Committee</b>		<b>Transaction ID:</b> 14261844
Mailing Address PO Box 440305		Date of Disbursement MM / DD / YYYY 06 / 13 / 2007
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Michael E. Capuano		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: MA District: 8		

Full Name (Last, First, Middle Initial) <b>C. Stabenow For U.S. Senate</b>		<b>Transaction ID:</b> 14262240
Mailing Address PO Box 4945		Date of Disbursement MM / DD / YYYY 06 / 13 / 2007
City East Lansing	State MI	Zip Code 48826
Purpose of Disbursement 2012 Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Sen. Debbie Stabenow		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2012 Contribution
State: MI District: 2		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Serrano For Congress</b>		<b>Transaction ID:</b> 14262256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 275 Madison Avenue		Amount of Each Disbursement this Period 2000.00 Contribution
City New York State NY Zip Code 10016	011 Category/ Type	
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steve Israel For Congress Committee</b>		<b>Transaction ID:</b> 14262250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 2000.00 Contribution
City Deer Park State NY Zip Code 11729	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Steve J. Israel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Sessions Senate Committee Inc</b>		<b>Transaction ID:</b> 14261840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P O Box 4278		Amount of Each Disbursement this Period 1000.00 Contribution
City Montgomery State AL Zip Code 36103	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Jeff Sessions		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Langevin For Congress</b>		Transaction ID: 14261842 Date of Disbursement 06 / 13 / 2007
Mailing Address 181-A Knight St		Amount of Each Disbursement this Period 1000.00
City Warwick State RI Zip Code 02886	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Rep. James R. Langevin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Committee To Re-Elect Vito Fossella</b>		Transaction ID: 14262253 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 060248		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10312	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Rep. Vito J. Fossella	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Committee To Re-Elect Vito Fossella</b>		Transaction ID: 14262255 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 060248		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10312	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Rep. Vito J. Fossella	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends Of Carolyn McCarthy</b>		<b>Transaction ID:</b> 14262241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 2000.00
City Mineola State NY Zip Code 11501	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 4		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Pete King For Congress Committee</b>		<b>Transaction ID:</b> 14262252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period 1000.00
City Seaford State NY Zip Code 11783	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Peter T. King Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3		011 Category/Type
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Doyle For Congress Committee</b>		<b>Transaction ID:</b> 14261845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 205 Hawthorne Court		Amount of Each Disbursement this Period 1000.00
City Pittsburgh State PA Zip Code 15221	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael F. Doyle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Susan Davis For Congress</b>		<b>Transaction ID:</b> 14262237 Date of Disbursement 06 / 13 / 2007
Mailing Address 144 West D St		Amount of Each Disbursement this Period 2000.00  Contribution
City Encinitas State CA Zip Code 92024		
Purpose of Disbursement Contribution Candidate Name Rep. Susan A. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Rahm Emanuel</b>		<b>Transaction ID:</b> 14261847 Date of Disbursement 06 / 13 / 2007
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00  Contribution
City Chicago State IL Zip Code 60610		
Purpose of Disbursement Contribution Candidate Name Rep. Rahm Emanuel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Burgess For Congress</b>		<b>Transaction ID:</b> 14261863 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00  Contribution
City Denton State TX Zip Code 76202		
Purpose of Disbursement Contribution Candidate Name Rep. Michael C. Burgess, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Geoff Davis For Congress</b>		<b>Transaction ID:</b> 14261858 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City Erlanger	State KY	Zip Code 41018
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Rep. Geoffrey Davis		<input type="text" value="011"/> Category/ Type
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: KY	District: 4	
		Contribution

Full Name (Last, First, Middle Initial) <b>B. Brian Higgins For Congress</b>		<b>Transaction ID:</b> 14291446 Date of Disbursement
Mailing Address PO Box 28		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City Buffalo	State NY	Zip Code 14220
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name Rep. Brian M. Higgins		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 27	
		Contribution

Full Name (Last, First, Middle Initial) <b>C. BRIDGE PAC</b>		<b>Transaction ID:</b> 14261836 Date of Disbursement
Mailing Address 499 South Capitol St., SW Suite 114		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2007 Contribution		Amount of Each Disbursement this Period <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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
		2007 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Whitehouse 06</b>		<b>Transaction ID:</b> 14261838 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address PO Box 40280		Amount of Each Disbursement this Period 1000.00  2006 Contribution	
City Providence State RI Zip Code 02940	Purpose of Disbursement 2006 Contribution Candidate Name Mr. Sheldon Whitehouse Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Debt Re		
Category/Type 011			
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Debt Re			

Full Name (Last, First, Middle Initial) <b>B. John Hall For Congress</b>		<b>Transaction ID:</b> 14264261 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address PO Box 377		Amount of Each Disbursement this Period 2500.00  Contribution	
City Dover Plains State NY Zip Code 12522	Purpose of Disbursement Contribution Candidate Name Mr. John Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Arcuri For Congress</b>		<b>Transaction ID:</b> 14264262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2500.00  Contribution	
City Utica State NY Zip Code 13505	Purpose of Disbursement Contribution Candidate Name Mr. Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Rangel For Congress</b>		<b>Transaction ID:</b> 14291445 <b>Date of Disbursement</b> 06 / 20 / 2007
Mailing Address PO Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10027	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sessions Senate Committee Inc</b>		<b>Transaction ID:</b> 14291444 <b>Date of Disbursement</b> 06 / 20 / 2007
Mailing Address P O Box 4278		Amount of Each Disbursement this Period 1500.00
City Montgomery State AL Zip Code 36103	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Jeff Sessions Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Campbell for Congress</b>		<b>Transaction ID:</b> 14291442 <b>Date of Disbursement</b> 06 / 20 / 2007
Mailing Address P.O. Box 1297		Amount of Each Disbursement this Period 1000.00
City El Granada State CA Zip Code 94018	Contribution	
Purpose of Disbursement Contribution Candidate Name Hon. Tom Campbell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Friends Of Lois Capps</b>		<b>Transaction ID:</b> 14291443 <b>Date of Disbursement</b> 06 / 20 / 2007
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00 Contribution
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressman Joe Barton Committee, The</b>		<b>Transaction ID:</b> 14291439 <b>Date of Disbursement</b> 06 / 20 / 2007
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 500.00 Contribution
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Joe L. Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Democratic National Committee</b>		<b>Transaction ID:</b> 14291431 <b>Date of Disbursement</b> 06 / 20 / 2007
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 15000.00 2007 Contribution
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Roskam For Congress Committee</b>		Transaction ID: 14291441 Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 423 W. Wesley Street		Amount of Each Disbursement this Period 2000.00 Contribution
City Wheaton State IL Zip Code 60189	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Peter Roskam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Harry Mitchell For Congress</b>		Transaction ID: 14291434 Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 1000.00 Contribution
City Tempe State AZ Zip Code 85285	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Harry Mitchell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		Transaction ID: 14291447 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 15000.00 2007 Contribution
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Shelley Moore Capito For Congress</b>		<b>Transaction ID:</b> 14291463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 1000.00 Contribution
City Charleston State WV Zip Code 25339	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Shelley Moore Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Reynolds For Congress</b>		<b>Transaction ID:</b> 14291476 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00 Contribution
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas M. Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Becerra For Congress</b>		<b>Transaction ID:</b> 14291469 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 2000.00 Contribution
City Los Angeles State CA Zip Code 90026	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Diana Degette For Congress Inc.</b>		Transaction ID: 14291467 Date of Disbursement 06 / 21 / 2007	
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 1000.00	
City Denver State CO Zip Code 80206	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. Diana DeGette	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. All America PAC</b>		Transaction ID: 14291462 Date of Disbursement 06 / 21 / 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 2007 Contribution 011 Category/ Type	2007 Contribution	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kagen 4 Congress</b>		Transaction ID: 14291465 Date of Disbursement 06 / 21 / 2007	
Mailing Address 100 West Lawrence Street		Amount of Each Disbursement this Period 1000.00	
City Appleton State WI Zip Code 54911	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Mr. Steven Kagen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ellen Tauscher For Congress</b>		<b>Transaction ID:</b> 14315333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 20 Park Road, Suite E Suite E		Amount of Each Disbursement this Period 1000.00  Contribution
City Burlingame State CA Zip Code 94010		
Purpose of Disbursement Contribution Candidate Name Rep. Ellen O. Tauscher 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: CA District: 10	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Citizens To Elect Rick Larsen</b>		<b>Transaction ID:</b> 14277515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 326		Amount of Each Disbursement this Period 1000.00  Contribution
City Everett State WA Zip Code 98206		
Purpose of Disbursement Contribution Candidate Name Rep. Rick Larsen 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: WA District: 2	011 Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Congressman Waxman Campaign Committee</b>		<b>Transaction ID:</b> 14277505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 5000.00  Contribution
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement Contribution Candidate Name Rep. Henry A. Waxman 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: CA District: 30	011 Category/ Type	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Gordon Smith for U.S. Senate</b>		Transaction ID: 14296211 Date of Disbursement 06 / 26 / 2007
Mailing Address 5285 SW Meadows Road, Suite 181		Amount of Each Disbursement this Period 2000.00  Contribution
City Lake Oswego State OR Zip Code 97035	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. Gordon Smith		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Tanner</b>		Transaction ID: 14296216 Date of Disbursement 06 / 26 / 2007
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1000.00  Contribution
City Union City State TN Zip Code 38281	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John S. Tanner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lee Terry For Congress</b>		Transaction ID: 14277511 Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 2000.00  Contribution
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Lee Terry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

Full Name (Last, First, Middle Initial) <b>A. Hoosiers for Hill</b>		Transaction ID: 14277508 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 1000.00 Contribution
City Seymour State IN Zip Code 47274	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Mr. Baron Hill	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: IN District: 9	

Full Name (Last, First, Middle Initial) <b>B. Blumenauer For Congress</b>		Transaction ID: 14277507 Date of Disbursement 06 / 26 / 2007
Mailing Address 830 NE Holladay Suite 105		Amount of Each Disbursement this Period 1000.00 Contribution
City Portland State OR Zip Code 97232	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Earl Blumenauer	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: OR District: 3	

Full Name (Last, First, Middle Initial) <b>C. Boswell For Congress</b>		Transaction ID: 14296645 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00 Contribution
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Leonard L. Boswell	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: IA District: 3	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Gary Ackerman</b>		<b>Transaction ID:</b> 14315128 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 100 Jericho Quadrangle Suite 233		Amount of Each Disbursement this Period 2000.00	
City Jericho State NY Zip Code 11753	Contribution		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Gary L. Ackerman			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Matheson For Congress</b>		<b>Transaction ID:</b> 14277506 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address PO Box 521048 Suite A		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84152	Contribution		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. James D. Matheson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LINCPAC - Leadership in the New Century PAC</b>		<b>Transaction ID:</b> 14277492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 818 Connecticut Ave.,NW Suite 1100		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20006	2007 Contribution		
Purpose of Disbursement 2007 Contribution			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Ben Chandler For Congress</b>		Transaction ID: 14277514 Date of Disbursement 06 / 26 / 2007
Mailing Address P. O. Box 12678		Amount of Each Disbursement this Period 1000.00 Contribution
City Lexington State KY Zip Code 40508	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Benjamin Chandler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jim Marshall</b>		Transaction ID: 14314342 Date of Disbursement 06 / 26 / 2007
Mailing Address 586 Orange Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Macon State GA Zip Code 31201	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jim Marshall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Barrow</b>		Transaction ID: 14313429 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00 Contribution
City Savannah State GA Zip Code 31412	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

Full Name (Last, First, Middle Initial) <b>A. Courtney For Congress</b>		<b>Transaction ID:</b> 14313607 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 38 Risley Road		Amount of Each Disbursement this Period 1000.00
City State Zip Code Vernon CT 06066	Purpose of Disbursement Contribution	
Candidate Name Rep. Joseph Courtney		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gillibrand For Congress</b>		<b>Transaction ID:</b> 14315210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 2000.00
City State Zip Code Hudson NY 12534	Purpose of Disbursement Contribution	
Candidate Name Kirsten Gillibrand		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Perlmutter For Congress</b>		<b>Transaction ID:</b> 14314556 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City State Zip Code Wheat Ridge CO 80033	Purpose of Disbursement Contribution	
Candidate Name Mr. Edwin Perlmutter		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Giffords For Congress</b>		Transaction ID: 14314090 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 27565		Amount of Each Disbursement this Period 1000.00 Contribution
City Tucson	State AZ	
Zip Code 85726		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Gabrielle Giffords		
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: AZ District: 8		

Full Name (Last, First, Middle Initial) <b>B. Joe Donnelly For Congress</b>		Transaction ID: 14313991 Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 1961 Century Building		Amount of Each Disbursement this Period 1000.00 Contribution
City South Bend	State IN	
Zip Code 46634		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Rep. Joseph Donnelly		
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: IN District: 2		

Full Name (Last, First, Middle Initial) <b>C. McNerney For Congress</b>		Transaction ID: 14315036 Date of Disbursement 06 / 26 / 2007
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Sacramento	State CA	
Zip Code 95841		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Rep. Jerry McNerney		
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: CA District: 11		

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Loeb sack For Congress</b>		Transaction ID: 14314205 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 385 E. College St.		Amount of Each Disbursement this Period 1000.00 Contribution
City Iowa City State IA Zip Code 52240	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. David Loeb sack		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tim Walz For Us Congress</b>		Transaction ID: 14314880 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 938		Amount of Each Disbursement this Period 1000.00 Contribution
City Mankato State MN Zip Code 56002	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Timothy Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Zack Space For Congress Committee</b>		Transaction ID: 14314786 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 714 N Wooster Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Dover State OH Zip Code 44622	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Zachary Space		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. Sestak For Congress</b>		Transaction ID: 14314707 Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00 Contribution
City Media State PA Zip Code 19063	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Mr. Joseph Sestak	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Doggett For U.S. Congress</b>		Transaction ID: 14316477 Date of Disbursement 06 / 27 / 2007
Mailing Address 1157 San Bernard		Amount of Each Disbursement this Period 1000.00 Contribution
City Austin State TX Zip Code 78702	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Lloyd Doggett	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sanford D. Bishop Jr. For Congress</b>		Transaction ID: 14316618 Date of Disbursement 06 / 27 / 2007
Mailing Address P. O. Box 909		Amount of Each Disbursement this Period 1000.00 Contribution
City Columbus State GA Zip Code 31902	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Sanford D. Bishop, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. M-PAC</b>		<b>Transaction ID:</b> 14315456 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 3417 Fremont Ave N Suite 400		Amount of Each Disbursement this Period 5000.00
City Seattle State WA Zip Code 98103	2007 Contribution	
Purpose of Disbursement 2007 Contribution		011 Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>B. The Madison PAC</b>		<b>Transaction ID:</b> 14315548 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 235 STATE STREET #206		Amount of Each Disbursement this Period 5000.00
City Springfield State MA Zip Code 01103	2007 Contribution	
Purpose of Disbursement 2007 Contribution		011 Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>C. Stephanie Tubbs Jones For U.S. Congress</b>		<b>Transaction ID:</b> 14317295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00
City University Heights State OH Zip Code 44118	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Stephanie Tubbs Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

Full Name (Last, First, Middle Initial) <b>A. John Salazar For Congress</b>		<b>Transaction ID:</b> 14317096 Date of Disbursement 06 / 28 / 2007
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 1000.00  Contribution
City Pueblo State CO Zip Code 81002	Purpose of Disbursement Contribution Candidate Name Rep. John T. Salazar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Betty Sutton For Congress</b>		<b>Transaction ID:</b> 14317495 Date of Disbursement 06 / 28 / 2007
Mailing Address 1700 W. Market St. #155		Amount of Each Disbursement this Period 1000.00  Contribution
City Akron State OH Zip Code 44313	Purpose of Disbursement Contribution Candidate Name Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mike Ross For Congress Committee</b>		<b>Transaction ID:</b> 14296196 Date of Disbursement 06 / 29 / 2007
Mailing Address PO Box 360		Amount of Each Disbursement this Period -2000.00  Void of 5/07 check
City Prescott State AR Zip Code 71857	Purpose of Disbursement Void of 5/07 check Candidate Name Rep. Michael A. Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	205550.00