

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

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 Report for the: Primary, General, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 10 01 2008 through 10 15 2008

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 10 23 2008

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

Table with 10 columns and 1 row, containing 'Office Use Only' and 'FEC FORM 3X (Rev. 12/2004)'

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1507360.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1335725.83									
(c) Total Receipts (from Line 19)	98584.48	1183376.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1434310.31	2690737.80								
7. Total Disbursements (from Line 31)	67618.84	1324046.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1366691.47	1366691.47								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	56113.69	471003.13
(i) Itemized (use Schedule A)	24570.79	260071.79
(ii) Unitemized	80684.48	731074.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	975.00
(c) Other Political Committees (such as PACs)	80684.48	732049.92
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	17900.00	419060.33
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	28000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4266.59
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))	98584.48	1183376.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98584.48	1183376.84

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	368.84	103131.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	368.84	103131.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67250.00	1129700.00
24. Independent Expenditure (use Schedule E)	0.00	88000.00
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	804.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1560.33
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2365.08
29. Other Disbursements.....	0.00	850.00
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))..	67618.84	1324046.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67618.84	1324046.33

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)	80684.48	732049.92
34. Total Contribution Refunds (from Line 28(d))	0.00	2365.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80684.48	729684.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	368.84	103131.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	368.84	103131.25

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

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

FOR LINE NUMBER: PAGE 6 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Richard Aubut

Mailing Address 55 Fogg Road

City State Zip Code
South Weymouth MA 02190-2432

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

Name of Employer Occupation
South Shore Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 15976951

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry W Andrus

Mailing Address 414 N. 10th Street

City State Zip Code
Opelika AL 36801-5452

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

Name of Employer Occupation
East Alabama Medical Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 15976972

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dennis Thrasher

Mailing Address 2190 Springwood Drive

City State Zip Code
Auburn AL 36830-7200

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

Name of Employer Occupation
East Alabama Medical Center Asst. VP/Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 15976973

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<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. Christopher Clark		Date of Receipt
	Mailing Address 13045 Sawyer Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Opelika	AL	36801
	FEC ID number of contributing federal political committee. C		Transaction ID: 15976974
Name of Employer East Alabama Medical Center		Occupation Assistant Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gregory Nichols		Date of Receipt
	Mailing Address 22136 Veterans Memorial Pkwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Lafayette	AL	36862-3022
	FEC ID number of contributing federal political committee. C		Transaction ID: 15976975
Name of Employer East Alabama Medical Center		Occupation Assistant Vice President, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Ken Lott		Date of Receipt
	Mailing Address 1567 Oak Hill Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Auburn	AL	36832-6798
	FEC ID number of contributing federal political committee. C		Transaction ID: 15976976
Name of Employer East Alabama Medical Center		Occupation Vice President, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 87
	<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. Sam Price

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36802-3201

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

Name of Employer: East Alabama Medical Center
Occupation: Vice President, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 15976980
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Carey M. Owen

Mailing Address 2520 Springwood Drive

City State Zip Code
Auburn AL 36830-7236

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

Name of Employer: East Alabama Medical Center
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 15976981
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Laura Grill

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36801-5422

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

Name of Employer: East Alabama Medical Center
Occupation: Vice President, Patient Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 15976982
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael Lisenby	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 807 Laurel Street	Transaction ID: 15976983
	City State Zip Code Opelika AL 36801-3519	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: East Alabama Medical Center Occupation: Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) John T Chitton	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 229 Lee Road 716	Transaction ID: 15976984
	City State Zip Code Auburn AL 36830-8534	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: East Alabama Medical Center Occupation: Vice President/CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Ms. Janice Baker	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1798 Ogletree Road	Transaction ID: 15976993
	City State Zip Code Auburn AL 36830-7258	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: East Alabama Medical Center Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Jane Robertson

Mailing Address 2161 Wedgewood Court

City Auburn State AL Zip Code 36830-2582

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

Name of Employer East Alabama Medical Center Occupation Asst. V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 15976994
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Wayne H. Poe

Mailing Address 4293 Al Hwy. 169

City Opelika State AL Zip Code 36804

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

Name of Employer East Alabama Medical Center Occupation Vice President & Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 15976995
 Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Carol Murphey

Mailing Address 2710 Rocky Brook Rd.

City Opelika State AL Zip Code 36801-2132

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

Name of Employer East Alabama Medical Center Occupation Asst. VP/ Outside Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: 15976996
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Linda U Jordan

Mailing Address 37 McDaniel Road

City State Zip Code
Cragford AL 36255-6502

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

Name of Employer Occupation
Clay County Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 15976997

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas H. Hale, M.D.

Mailing Address 12749 Topping Acres

City State Zip Code
Saint Louis MO 63131-1435

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

Name of Employer Occupation
St. John's Mercy Health Care President, Mercy Medical Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 15977009

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. David R Lincoln

Mailing Address 420 Bedford Street

City State Zip Code
Lexington MA 02420-1508

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

Name of Employer Occupation
Covenant Health Systems, Inc. President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 15977094

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lynn M Abrahamsen

Mailing Address 701 Park Avenue South

City State Zip Code
Minneapolis MN 55415-1829

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

Name of Employer Occupation
Hennepin County Medical Center Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979940

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Vice Pres, Regulatory/Strategic Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979941

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
Mr. Bruce J. Rueben

Mailing Address 306 East College Avenue

City State Zip Code
Tallahassee FL 32301-1522

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

Name of Employer Occupation
Florida Hospital Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 414.59

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979964

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **770.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Karen J Kellie, R.N.	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 3960 Campbell Road	Transaction ID: 15980610
	City State Zip Code New Meadows ID 83654-5031	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation McCall Memorial Hospital President and Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Craig M Ames, FACHE	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 6511 Mesaverde Drive	Transaction ID: 15980959
	City State Zip Code Lincoln NE 68510-5155	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BryanLGH Medical Center President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Fred J Meis	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address P O Box 'N'	Transaction ID: 15980960
	City State Zip Code Syracuse NE 68446-0518	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Community Memorial Hospital Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Harold L Krueger, , Jr.	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 525 Main Street	Transaction ID: 15980961
	City State Zip Code Chadron NE 69337	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Chadron Community Hospital and Health Occupation: Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

B.	Full Name (Last, First, Middle Initial) Ms. Claudia Eisenmann	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 10326 Hwy. 10	Transaction ID: 15980973
	City State Zip Code Dickinson ND 58601-9570	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: St. Joseph's Hospital and Health Centre Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

C.	Full Name (Last, First, Middle Initial) Ms. Mary C. Becker	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 7800 South Eagle Road	Transaction ID: 15981007
	City State Zip Code Columbia MO 65203-9017	Amount of Each Receipt this Period 19.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Missouri Hospital Association Occupation: Senior VP, Commc. & Health Improvement Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)	719.35
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 87
	<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

A.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine		Date of Receipt
	Mailing Address 12675 Riviera Heights Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Holts Summit	MO	65043-2039
	FEC ID number of contributing federal political committee.		Transaction ID: 15981011
		Amount of Each Receipt this Period	
		<input type="text"/> 55.48	
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 ▼	
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon		Date of Receipt
	Mailing Address 611 Belridge Drive P.O. Box 60		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Jefferson City	MO	65109-0755
	FEC ID number of contributing federal political committee.		Transaction ID: 15981015
		Amount of Each Receipt this Period	
		<input type="text"/> 19.35	
Name of Employer Missouri Hospital Association		Occupation Sr. Vice President, Governmental Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff		Date of Receipt
	Mailing Address 5119 Coventry Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Jefferson City	MO	65101-8284
	FEC ID number of contributing federal political committee.		Transaction ID: 15981019
		Amount of Each Receipt this Period	
		<input type="text"/> 19.35	
Name of Employer Missouri Hospital Association		Occupation Senior Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 94.18
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 87
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15981027

Amount of Each Receipt this Period
55.48

B.

Full Name (Last, First, Middle Initial)
Mr. Joseph E Morris

Mailing Address 2003 Lincoln Way

City State Zip Code
Coeur D Alene ID 83814-2611

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

Name of Employer Kootenai Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 15983719

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1512 12th Avenue Road

City State Zip Code
Nampa ID 83686-6008

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: 15983720

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1055.48**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Randolph Harrison

Mailing Address 3980 Hidden Acres Circle

City State Zip Code
North Fort Myers FL 33903-7100

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

Name of Employer Occupation
Memorial Medical Center Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 15984193

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 801 West Maple Street

City State Zip Code
Farmington NM 87401-5698

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 15984195

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

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

Transaction ID: 15990006

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **755.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 278.77

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 15990015

Amount of Each Receipt this Period
25.42

B. Full Name (Last, First, Middle Initial)
Mr. Fredrick J. Jacobs

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

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

Name of Employer Occupation
New Jersey Hospital Association General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 15990017

Amount of Each Receipt this Period
5.00

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

Mailing Address 155 York Road

City State Zip Code
Delran NJ 08075-2217

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

Name of Employer Occupation
Virtua Health Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 15990020

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 280.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 11 Mohawk Avenue

City State Zip Code
Oceanport NJ 07757-1619

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

Name of Employer Meridian Health
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 15990023

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Roger D. Sarao, Jr.

Mailing Address 4 Poppy Lane

City State Zip Code
Howell NJ 07731-1451

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

Name of Employer New Jersey Hospital Association
Occupation VP Health Economics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

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

Transaction ID: 15990035

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Ms. Valerie Sellers

Mailing Address 82 Millers Grove Road

City State Zip Code
Belle Mead NJ 08502-4306

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

Name of Employer New Jersey Hospital Association
Occupation Senior V.P., Health Planning & Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

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

Transaction ID: 15990036

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **510.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Sister Sheila Lyne

Mailing Address 2525 South Michigan Avenue

City State Zip Code
Chicago IL 60616-2333

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 07 / 2008
Transaction ID: 15999563
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter L Slavin, , M.D.

Mailing Address 55 Fruit Street

City State Zip Code
Boston MA 02114-2622

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

Name of Employer: Massachusetts General Hos-
pital
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 08 / 2008
Transaction ID: 16000467
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David M Barrett, , M.D.

Mailing Address 41 Mall Road

City State Zip Code
Burlington MA 01805-0001

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

Name of Employer: Lahey Clinic Hospital
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 08 / 2008
Transaction ID: 16000469
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John W. Polanowicz	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 2 Abenaki Road	Transaction ID: 16000470
	City State Zip Code Northborough MA 01532-2433	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UMass Memorial-Marlborough Hospital President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Ms. Jeanette G Clough	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 330 Mount Auburn Street	Transaction ID: 16000472
	City State Zip Code Cambridge MA 02138-5502	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mount Auburn Hospital President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael V Sack	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 585 Lebanon ST	Transaction ID: 16000473
	City State Zip Code Melrose MA 2176	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hallmark Health System 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	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James T. Kirkpatrick

Mailing Address 73 North Ave.

City State Zip Code
Mendon MA 1756

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

Name of Employer Occupation
Massachusetts Hospital As- VP, Finance
sociation

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

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

Transaction ID: 16000888

Amount of Each Receipt this Period
350.00

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

Mailing Address 806 Ferncroft Tower

City State Zip Code
Danvers MA 01923-4055

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

Name of Employer Occupation
Quincy Medical Center Vice President, Patient Care Services

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

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

Transaction ID: 16000889

Amount of Each Receipt this Period
350.00

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

Mailing Address 9 Buttonwood Lane

City State Zip Code
Danvers MA 01923-1161

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

Name of Employer Occupation
Beverly Hospital Trustee

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

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

Transaction ID: 16000890

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John G O'Brien

Mailing Address 1 Biotech Park

City Worcester State MA Zip Code 01605-2982

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

Name of Employer UMass Memorial Health Care, Inc. Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 08 / 2008
Transaction ID: 16000891
 Amount of Each Receipt this Period: 350.00

B. Full Name (Last, First, Middle Initial)
Mr Gary Lapidus

Mailing Address 1 Biotech Park

City Worcester State MA Zip Code 01605-2982

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

Name of Employer UMass Memorial Health Care, Inc. Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 08 / 2008
Transaction ID: 16001260
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr Todd Keating

Mailing Address 1 Biotech Park

City Worcester State MA Zip Code 01605-2982

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

Name of Employer UMass Memorial Health Care, Inc. Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2008
Transaction ID: 16001262
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 87
	<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 Roger D Wiseman		Date of Receipt MM / DD / YYYY 10 / 08 / 2008		
	Mailing Address 81 Highland Avenue		Transaction ID: 16001263		
	City Salem	State MA	Zip Code 01970-2714	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Shore 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.	Full Name (Last, First, Middle Initial) Mr. Stephen Salvo		Date of Receipt MM / DD / YYYY 10 / 08 / 2008		
	Mailing Address 17 Marsh Avenue		Transaction ID: 16001264		
	City Newbury	State MA	Zip Code 01951-2402	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anna Jaques Hospital	Occupation Vice President, Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mr Mark L Goldstein		Date of Receipt MM / DD / YYYY 10 / 08 / 2008		
	Mailing Address 25 Highland Avenue		Transaction ID: 16001265		
	City Newburyport	State MA	Zip Code 01950-3867	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anna Jaques Hospital	Occupation Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 87		
	<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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Dr Leslie Sebba, M.D.	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 25 Highland Avenue	Transaction ID: 16001433
	City State Zip Code Newburyport MA 01950-3867	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Anna Jaques Hospital Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Delia O'Connor	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 25 Highland Avenue	Transaction ID: 16001434
	City State Zip Code Newburyport MA 01950-3867	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Anna Jaques 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	

C.	Full Name (Last, First, Middle Initial) Roger L Gilberston	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 2496 W. Country Club Drive	Transaction ID: 16014984
	City State Zip Code Fargo ND 58103-5739	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MeritCare 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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Vicky VanMeetren

Mailing Address 8280 W. Warm Springs Road

City State Zip Code
Las Vegas NV 89113-3612

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

Name of Employer St. Rose Dominican Hospitals - San Mar
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 16014992

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Michelle McEwen

Mailing Address 16 Hospital Road

City State Zip Code
Plymouth NH 03264-1126

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 16014999

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-1000

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

Name of Employer Dartmouth-Hitchcock Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 16015000

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Denise Matricciani	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 4423 Necker Avenue	Transaction ID: 16015037
	City Nottingham State MD Zip Code 21236-2968	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland Hospital Association Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 6820 Deerpath Road	Transaction ID: 16015038
	City Elkridge State MD Zip Code 21075-6234	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland Hospital Association Occupation V.P., Professional Activities Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Victor A Broccolino	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 5755 Cedar Lane	Transaction ID: 16015039
	City Columbia State MD Zip Code 21044-2999	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Howard County 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	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Pegeen Townsend	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 225 McKeon Road	Transaction ID: 16015041
	City State Zip Code Severan Park MD 21146	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Maryland Hospital Association Sr. Vice President, Legislative Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Ms. Linda Robertson	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 901 South Bond Street Suite 540	Transaction ID: 16015074
	City State Zip Code Baltimore MD 21231-3305	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Johns Hopkins Hospital VP, Gov't, Community and Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Mr. Daniel Brian Smith	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 600 North Wolfe Street	Transaction ID: 16015075
	City State Zip Code Baltimore MD 21287-0005	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Johns Hopkins Hospital President, JH Home Care Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 29 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Williams

Mailing Address 3001 S. Hanover Street

City State Zip Code
Baltimore MD 21225-1233

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

Name of Employer Harbor Hospital Occupation Asst. VP, Human Resources

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 09 / 2008
Transaction ID: 16015084
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. David R Pitman

Mailing Address 26950 Crest Drive

City State Zip Code
Seaford DE 19973-6986

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

Name of Employer Nanticoke Memorial Hospital Occupation Chief Financial Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 09 / 2008
Transaction ID: 16015097
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Carmela S. Coyle

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6200

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

Name of Employer Maryland Hospital Association Occupation President and CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 09 / 2008
Transaction ID: 16015100
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 87
	<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) J. Brett Bennett	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 6820 Deerpath Road	Transaction ID: 16015213
	City State Zip Code Elkridge MD 21075-6200	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland 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 ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 220 Windy Ridge	Transaction ID: 16015268
	City State Zip Code Hollister MO 65672-5725	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 378.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dan McElligott	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 1404 Grand Ave	Transaction ID: 16018348
	City State Zip Code Grand Island NE 68801	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Saint Francis Medical Center Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	992.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 87
(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. Charles D Lovell, Jr.

Mailing Address 101 Hospital Drive

City State Zip Code
Princeton KY 42445-0410

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 16018368

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 2830 Shoemaker Drive

City State Zip Code
Louisville KY 40241-6501

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 16018370

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 259 Ridgecrest Place

City State Zip Code
Owensboro KY 42301-8461

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

Name of Employer Owensboro Medical Health System Occupation Senior Vice President-Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 16018386

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Vicki Darnell		Date of Receipt MM / DD / YYYY 10 / 07 / 2008		
	Mailing Address 217 S 3rd St.		Transaction ID: 16018388		
	City Danville	State KY	Zip Code 40422-1823	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ephraim McDowell Health	Occupation Vice President and COO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Mr. Patrick Jordan		Date of Receipt MM / DD / YYYY 10 / 08 / 2008		
	Mailing Address 2014 Washington Street		Transaction ID: 16018444		
	City Newton Lower Falls	State MA	Zip Code 02462-1699	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Newton-Wellesley Hospital	Occupation Chief Operating Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Ms. Patricia Reid-Ponte		Date of Receipt MM / DD / YYYY 10 / 08 / 2008		
	Mailing Address 23 Indian Hill Road		Transaction ID: 16018447		
	City Arlington	State MA	Zip Code 02476-7002	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dana-Farber Cancer Institute	Occupation Sr. VP and CNO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Harry G Jorman

Mailing Address 4978 Quechee-W. Hartford Road

City Lebanon State NH Zip Code 03766-2650

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

Name of Employer Alice Peck Day Memorial Hospital
Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2008
Transaction ID: 16021592
 Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas E Wilhelmsen, Jr.

Mailing Address P O Box 2014

City Nashua State NH Zip Code 03061-2014

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

Name of Employer Southern New Hampshire Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2008
Transaction ID: 16021600
 Amount of Each Receipt this Period 350.00

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

Mailing Address 2400 Hawthorne Manor Drive

City Florissant State MO Zip Code 63031-4412

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

Name of Employer St. John's Mercy Medical Center
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 09 / 2008
Transaction ID: 16023015
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Michael R. Dunaway

Mailing Address 15081 Linden Lane

City State Zip Code
Leawood KS 66224-3412

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

Name of Employer Health Alliance of MidAmerica, The
Occupation Senior VP, Field Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 16023016

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address P O Box 9019

City State Zip Code
Boulder CO 80301-9019

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

Name of Employer Boulder Community Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 16023042

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Virginia Blair

Mailing Address 4109 Plymbridge Lane

City State Zip Code
Woodbridge VA 22192-5133

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

Name of Employer Prince William Hospital
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024308

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Raymond G Troiano, , M.D.

Mailing Address 1060 First Colonial Road

City State Zip Code
Virginia Beach VA 23454-3002

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

Name of Employer Occupation
Sentara Virginia Beach General Hospital Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024338

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 11 Steeplechase Road

City State Zip Code
Fredericksburg VA 22405-3312

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

Name of Employer Occupation
Medicorp Health System Vice President of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024348

Amount of Each Receipt this Period
350.00

C.

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

Mailing Address 837 Mackall Drive

City State Zip Code
McLean VA 22101-1615

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

Name of Employer Occupation
Inova Health System Manager & Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024358

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Phyllis Stoneburner

Mailing Address 4544 Mirfield Circle

City State Zip Code
Chesapeake VA 23321-4262

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

Name of Employer Occupation
Sentara Obici Hospital Vice President, Patient Care Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024365

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 1460 Waggaman Circle

City State Zip Code
McLean VA 22101-4004

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

Name of Employer Occupation
Inova Health System Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024366

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr. Adrian Stanton

Mailing Address 5013 Fleming Drive

City State Zip Code
Annandale VA 22003-4110

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

Name of Employer Occupation
Inova Health System Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024369

Amount of Each Receipt this Period
287.50

SUBTOTAL of Receipts This Page (optional) ► **987.50**

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

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

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

FOR LINE NUMBER: PAGE 37 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Grace Hines

Mailing Address 170 Spoon Court

City Yorktown State VA Zip Code 23693-5591

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

Name of Employer Sentara Healthcare Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 13 / 2008
Transaction ID: 16024378
Amount of Each Receipt this Period: 350.00

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

Mailing Address 7 Steeplechase Road

City Fredericksburg State VA Zip Code 22405-3313

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

Name of Employer Medcorp Health System Occupation Vice President/ Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 13 / 2008
Transaction ID: 16024379
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
Donna Picard

Mailing Address 2300 Opitz Boulevard

City Woodbridge State VA Zip Code 22191-3311

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

Name of Employer Potomac Hospital Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 13 / 2008
Transaction ID: 16024380
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Gary R Yates

Mailing Address 1065 Downshire Chase

City State Zip Code
Virginia Beach VA 23452-6155

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

Name of Employer Occupation
Sentara Healthcare Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 8

Transaction ID: 16024388

Amount of Each Receipt this Period
350.00

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

Mailing Address P O Box 1450

City State Zip Code
Douglas WY 82633-1450

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

Name of Employer Occupation
Memorial Hospital of Converse County President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 16024605

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles F. Harms

Mailing Address 2520 Moonlight Ct.

City State Zip Code
Cheyenne WY 82009-8572

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

Name of Employer Occupation
Cheyenne Regional Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 16024606

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 87
	<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. Daniel J. Perdue	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 2005 Warren Avenue Post Office Box 249	Transaction ID: 16024607
	City Cheyenne State WY Zip Code 82001-3725	Amount of Each Receipt this Period 290.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wyoming Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

B.	Full Name (Last, First, Middle Initial) Doug McMillian	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 707 Sheridan Avenue	Transaction ID: 16024608
	City Cody State WY Zip Code 82414-3409	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West Park Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Steve Pery	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 901 Adams Street	Transaction ID: 16024609
	City Afton State WY Zip Code 83110-0579	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Star Valley Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City Eagle State ID Zip Code 83616-5369

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 482.50

Date of Receipt 10 / 14 / 2008

Transaction ID: 16024696

Amount of Each Receipt this Period 82.50

B.

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

Mailing Address 743 Spring Street Northeast

City Gainesville State GA Zip Code 30501-3715

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

Name of Employer Northeast Georgia Medical Center Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16045547

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert C Keen, , Ph.D., F

Mailing Address 4539 E. 500 N.

City Greenfield State IN Zip Code 46140-9572

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

Name of Employer Hancock Regional Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2008

Transaction ID: 16046211

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **832.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 87
(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 Frederick McNulty

Mailing Address 303 Andover Drive

City Valparaiso State IN Zip Code 46383-1393

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

Name of Employer La Porte Regional Health System Occupation Vice President Government Relations and

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 16046319

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2626 Windermere Woods Drive

City Bloomington State IN Zip Code 47401-5451

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

Name of Employer Bloomington Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 16046406

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1606 Fox Run Trail

City Jeffersonville State IN Zip Code 47130-8204

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 16046492

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Gene Perry	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 510 E. Lakewood Drive	Transaction ID: 16046498
	City State Zip Code Bloomington IN 47408-1084	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bloomington Hospital of Orange County 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.	Full Name (Last, First, Middle Initial) Kevin Speer	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 13664 Smokey Ridge Place	Transaction ID: 16046534
	City State Zip Code Carmel IN 46033-9263	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Vincent Health Occupation Hospital Chief Strategy Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Steven J West	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 314 E. Hickory Grove	Transaction ID: 16046540
	City State Zip Code Hartford City IN 47348-1011	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Blackford Community Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 87
	<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. Brian Tabor		Date of Receipt
	Mailing Address 10762 Forest Lake Court		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46278-9610
	FEC ID number of contributing federal political committee. C		Transaction ID: 16046570
Name of Employer Indiana Hospital Association		Occupation Vice President of Government Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Mr. Bradford W Dykes		Date of Receipt
	Mailing Address 104 Windamere Circle		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bedford	IN	47421-9604
	FEC ID number of contributing federal political committee. C		Transaction ID: 16046635
Name of Employer Bedford Regional Medical Center		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Mrs. Patricia K. Fox		Date of Receipt
	Mailing Address 323 Catalpa Ct.		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Noblesville	IN	46062-9151
	FEC ID number of contributing federal political committee. C		Transaction ID: 16046648
Name of Employer Riverview Hospital		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 16046705

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Doug McMillian

Mailing Address 707 Sheridan Avenue

City Cody State WY Zip Code 82414-3409

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

Name of Employer West Park Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 16046710

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Steve Pery

Mailing Address 901 Adams Street

City Afton State WY Zip Code 83110-0579

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

Name of Employer Star Valley Medical Center Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 16046716

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky		Date of Receipt
	Mailing Address 14607 W 89		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lenexa	KS	66215-2967
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kansas Hospital Association		Occupation Senior Vice President	Transaction ID: 16055475
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="384.62"/>	<input type="text" value="134.61"/>

B.	Full Name (Last, First, Middle Initial) Mr. Roger S. John		Date of Receipt
	Mailing Address P O Box 506		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Phillipsburg	KS	67661-0506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Great Plains Health Alliance, Inc.		Occupation President and Chief Executive Officer	Transaction ID: 16055487
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Mr. Gerald J Marquette, Jr.		Date of Receipt
	Mailing Address 1400 West Fourth		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Coffeyville	KS	67337-3306
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coffeyville Regional Medical Center		Occupation Chief Executive Officer	Transaction ID: 16055488
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="634.61"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 87

(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)
Kent E. Palmberg, M.D.

Mailing Address 1216 SW Westside Drive

City State Zip Code
Topeka KS 66615-1236

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

Name of Employer Occupation
Stormont-Vail HealthCare Senior Vice President and Chief Medical Officer

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

Date of Receipt

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

Transaction ID: 16055489

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Randall Peterson

Mailing Address 2022 N. Red Oaks

City State Zip Code
Wichita KS 67206-8909

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

Name of Employer Occupation
Via Christi Health System Senior Vice President

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

Date of Receipt

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

Transaction ID: 16055490

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Julie Quirin

Mailing Address 2805 W 71st Street

City State Zip Code
Prairie Village KS 66208-3104

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

Name of Employer Occupation
Saint Luke's South Hospital Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 16055491

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 87
	<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) Mrs. Lynnette A. RauvolaBouta		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address 25 Huntington St.		Transaction ID: 16055492		
	City Eastborough	State KS	Zip Code 67206-2047	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Via Christi Health System	Occupation Vice President Mission Integration			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Mr. Scott J Taylor		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address 1617 Crestway		Transaction ID: 16055493		
	City Garden City	State KS	Zip Code 67846-6916	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Catherine 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			

C.	Full Name (Last, First, Middle Initial) Mr. Vernon L. Long		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address 3440 N.E. Kincaid		Transaction ID: 16055494		
	City Topeka	State KS	Zip Code 66617-3620	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stormont-Vail HealthCare	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code
Alexandria VA 22301-1216

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

Name of Employer American Hospital Association-Washingt
Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1034595121375

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation VP & Chief Washington Counsel

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 819.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1045726221375

Amount of Each Receipt this Period

39.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Section Director

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1113464221375

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

73.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 87
	<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. Davon Gray	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1143013021375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 14.39
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Legislative Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 278.34	P/R Deduction (\$14.39 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Erin O'Malley	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1222125721375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 19.45
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 252.85	P/R Deduction (\$19.45 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. David L. Allen	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW	Transaction ID: PR1234662821375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 294.00	P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	47.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR1260472921375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Organization of Nurse Executi	
Occupation Director of Professional Practice		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

B.	Full Name (Last, First, Middle Initial) Ms. Michelle Marie Mathy	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1660 Lanier PL Apt. 4	Transaction ID: PR1300853721375
	City State Zip Code Washington DC 20009-2938	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt	
Occupation Project Manager/PAC Coordinator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

C.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR1339349921375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 58.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.00 Bi-Weekly)
	Name of Employer American Hospital Association	
Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1218.00	

SUBTOTAL of Receipts This Page (optional)	86.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Frances Margolin		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address One North Franklin		Transaction ID: PR1347702721375		
	City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer American Hospital Association-Chicago	Occupation Vice President, Operations HRET	Aggregate Year-to-Date 420.00		

B.	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address One North Franklin		Transaction ID: PR1347703421375		
	City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer American Hospital Association-Chicago	Occupation VP, Operations and Account Services	Aggregate Year-to-Date 420.00		

C.	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address One North Franklin		Transaction ID: PR1347703621375		
	City Chicago	State IL	Zip Code 60606-3436	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
	Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	Aggregate Year-to-Date 420.00		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR1347708421375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 53.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 742.00	P/R Deduction (\$53.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Susan Gergely	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR1347791021375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director of Operations, AONE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. John Slotman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR1384065321375
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	87.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Stephanie H. Drake

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Associate Executive Director - ASHHRA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR1492459921375

Amount of Each Receipt this Period 18.00

P/R Deduction (\$18.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Linda Fishman

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 Vice President Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR327629121375

Amount of Each Receipt this Period 39.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debbie F. Weiner

Mailing Address 11004 petersborough Drive

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 ▼ 819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR327745921375

Amount of Each Receipt this Period 39.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 96.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 122 N. Greenwood Avenue	Transaction ID: PR327771621375
	City State Zip Code Park Ridge IL 60068-3227	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 294.00		

B.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR327777221375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Director, Long-Term Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 294.00		

C.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1022 S. Harvey Avenue	Transaction ID: PR327777821375
	City State Zip Code Oak Park IL 60304-2132	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Vice President, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional)	48.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 87
(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. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

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

Name of Employer American Hospital Association-Washingt
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR327801721375

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

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 ▼ 819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR327812021375

Amount of Each Receipt this Period
39.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City State Zip Code
Arlington VA 22205-3408

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

Name of Employer American Hospital Association-Washingt
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: PR327831721375

Amount of Each Receipt this Period
20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **79.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin Street	Transaction ID: PR327846221375
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Meetings & Travel Serv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

B.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2401 Calvert Street, NW Apt. 1008	Transaction ID: PR327851921375
	City State Zip Code Washington DC 20008-2614	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR327858021375
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Political Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	

SUBTOTAL of Receipts This Page (optional)	73.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address One North Franklin		Transaction ID: PR327877821375		
	City Millis	State MA	Zip Code 60606-3436	Amount of Each Receipt this Period 39.00	
	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 ▼ 819.00		P/R Deduction (\$39.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address 130 North Garland Court #3002		Transaction ID: PR327895721375		
	City Chicago	State IL	Zip Code 60602-4750	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Hospital Association-Chicago	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		P/R Deduction (\$20.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) Ms. Judy Williams		Date of Receipt MM / DD / YYYY 10 / 15 / 2008		
	Mailing Address One North Franklin Street		Transaction ID: PR327918921375		
	City Chicago	State IL	Zip Code 60606	Amount of Each Receipt this Period 17.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Hospital Association-Chicago	Occupation Director, Membership Admin.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 272.00		P/R Deduction (\$17.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	76.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hospital Association-Washingt		Occupation President	Transaction ID: PR328132821375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="819.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="39.00"/>
		P/R Deduction (\$39.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorschach		Date of Receipt
	Mailing Address 204 7th Ave		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	La Grange	IL	60525-6406
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hospital Association-Chicago		Occupation Sr. Vice President, Member Relations	Transaction ID: PR328136921375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="819.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="39.00"/>
		P/R Deduction (\$39.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date of Receipt
	Mailing Address One North Franklin Street		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60606
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Hospital Association-Chicago		Occupation Executive Director, SHSMD	Transaction ID: PR328174921375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="18.00"/>
		P/R Deduction (\$18.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="96.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 87
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2008

Transaction ID: PR328223821375

Amount of Each Receipt this Period 39.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City Silver Spring State MD Zip Code 20906

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

Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 15 / 2008

Transaction ID: PR328224921375

Amount of Each Receipt this Period 39.00

P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City Eagle State ID Zip Code 83616-5369

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.50

Date of Receipt 10 / 15 / 2008

Transaction ID: PR328241421375

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 98.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 87
	<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. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 3475 North Venice Street		Transaction ID: PR328260921375
	City Arlington	State VA	Zip Code 22207-4446
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
	Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00		

B.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1221 Cavalier Road		Transaction ID: PR328310421375
	City Arnold	State MD	Zip Code 21012-2126
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Communications	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

C.	Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 125 Airport Road		Transaction ID: PR328312721375
	City Concord	State NH	Zip Code 03301-7300
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
	Name of Employer New Hampshire Hospital Association	Occupation President and CEO	P/R Deduction (\$220.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	299.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328341821375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 819.00	P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328490121375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.02	P/R Deduction (\$9.62 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 200 Clover Hill Court	Transaction ID: PR328511821375
	City Yardley State PA Zip Code 19067-5736	Amount of Each Receipt this Period 39.00
	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 ▼ 819.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	87.62
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1501 N. Harrison Street	Transaction ID: PR328512021375
	City State Zip Code Arlington VA 22205-2726	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin Street	Transaction ID: PR329013421375
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Ab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1 North Franklin SAtreet	Transaction ID: PR329071321375
	City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation President & COO, Leadership & Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	79.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR329084421375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 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 ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 500 Interstate Boulevard South	Transaction ID: PR329215721375
	City Nashville State TN Zip Code 37210-4634	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 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 ▼ 819.00	

C.	Full Name (Last, First, Middle Initial) Mr. John Evans	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address One North Franklin Street	Transaction ID: PR329342621375
	City Chicago State IL Zip Code 60606	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional)	73.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1136 W. Farwell Ave.	Transaction ID: PR329654221375
	City State Zip Code Chicago IL 60626-3861	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 294.00		

B.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR330343321375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Executive Services Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 420.00		

C.	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address One North Franklin	Transaction ID: PR330411621375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional)	54.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR330465221375
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Asst. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 4960 138th Cricle West	Transaction ID: PR330475421375
	City Apple Valley State MN Zip Code 55124	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 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 ▼ 819.00	

C.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 6109 North 9th Road	Transaction ID: PR330534321375
	City Arlington State VA Zip Code 22205-1609	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	73.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 87
	<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. Gene O'Dell		Date of Receipt
	Mailing Address One North Franklin		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60606-3436
	FEC ID number of contributing federal political committee.		Transaction ID: PR330547721375
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Strategic Planning	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	

B.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Lake Forest	IL	60045-1715
	FEC ID number of contributing federal political committee.		Transaction ID: PR330549221375
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer American Hospital Association-Chicago		Occupation Vice President, Member Relations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	

C.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee.		Transaction ID: PR330776121375
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer American Hospital Association-Washingt		Occupation V.P., Advocacy & Member Communications	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1101 N. Kentucky Street	Transaction ID: PR331278821375
	City State Zip Code Arlington VA 22205-3515	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, State Issues Forum	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

B.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 26 West Glendale Ave.	Transaction ID: PR331304221375
	City State Zip Code Alexandria VA 22301-2402	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director Advocacy and Public Policy Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR331379121375
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi	Occupation Director, Federal Relations & Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional)	48.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20004-2818
	FEC ID number of contributing federal political committee. C		Transaction ID: PR331386921375
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.18	14.38
			P/R Deduction (\$14.38 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Sr.		Date of Receipt
	Mailing Address PO Box 15587		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Austin	TX	78761-5587
	FEC ID number of contributing federal political committee. C		Transaction ID: PR331416021375
Name of Employer American Hospital Association		Occupation Regional Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1218.00	58.00
			P/R Deduction (\$58.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Falls Church	VA	22046-2613
	FEC ID number of contributing federal political committee. C		Transaction ID: PR331533221375
Name of Employer American Hospital Association-Washingt		Occupation Vice President, Policy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 819.00	39.00
			P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	111.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address One North Franklin	Transaction ID: PR346168121375
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 294.00	P/R Deduction (\$14.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR517619721375
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Vice President Executive Branch Relati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 325 Seventh Street, NW	Transaction ID: PR566280921375
	City State Zip Code Washington DC 20004-2802	Amount of Each Receipt this Period 23.81
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.96	P/R Deduction (\$23.81 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	76.81
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 606 S. Royal St.	Transaction ID: PR766023721375
	City State Zip Code Alexandria VA 22314-4142	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer: American Hospital Association-Washingt Occupation: Senior Associate Director, Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR801366321375
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer: American Hospital Association-Washingt Occupation: Senior Associate Dir. Policy Developme Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00	

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR876637221375
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
	Name of Employer: American Hospital Association-Washingt Occupation: Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional)	48.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 71 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2008
Transaction ID: PR936292321375
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address One N. Franklin Street

City Chicago State IL Zip Code 60606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 15 / 2008
Transaction ID: PR939603921375
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 28.00

TOTAL This Period (last page this line number only) ► 56113.69

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

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

FOR LINE NUMBER: PAGE 72 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City State Zip Code
Phoenix AZ 85012

FEC ID number of contributing federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28800.00

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

Transaction ID: 16024601

Amount of Each Receipt this Period
14900.00

B. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 8000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 16055503

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► 17900.00

TOTAL This Period (last page this line number only) ► 17900.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15988620 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4.50</p> <p>001 Category/Type</p> <p>Merchant Fees</p>
<p>B. Full Name (Last, First, Middle Initial) Merchant Bankcard</p> <p>Mailing Address 1601 Elm Street</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15988632 Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 80.40</p> <p>001 Category/Type</p> <p>Merchant Fees</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Ste. 001</p> <p>City Chicago State IL Zip Code 60679</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16023121 Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 118.74</p> <p>001 Category/Type</p> <p>Merchant Fees</p>

SUBTOTAL of Disbursements This Page (optional)	203.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 87

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Merchant Bankcard

Mailing Address 1601 Elm Street

City State Zip Code
Dallas TX 75201

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 16023122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 04</p>	<p>Transaction ID: 16047337 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Thelma Drake For Congress</p> <p>Mailing Address P.O. Box 61480</p> <p>City Virginia Beach State VA Zip Code 23466</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Thelma D. Drake</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 02</p>	<p>Transaction ID: 16047417 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Norm Dicks For Congress</p> <p>Mailing Address PO Box 1663</p> <p>City Tacoma State WA Zip Code 98401</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Norman D. Dicks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WA District: 06</p>	<p>Transaction ID: 16047443 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 87

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047454 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Candice Miller For Congress</p> <p>Mailing Address PO Box 182152</p> <p>City Shelby Township State MI Zip Code 48318</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Candice S. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047460 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047491 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee	Transaction ID: 16047510 Date of Disbursement 10 / 07 / 2008
	Mailing Address Post Office Box 28001 PO Box 28001
City Raleigh State NC Zip Code 27611	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Contribution Candidate Name Rep. Bob Etheridge Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 02	Contribution Category/Type: 011

B. Full Name (Last, First, Middle Initial) Walter Jones For Congress Committee (2008)	Transaction ID: 16047516 Date of Disbursement 10 / 07 / 2008
	Mailing Address PO Box 99667
City Raleigh State NC Zip Code 27624	Amount of Each Disbursement this Period 2000.00
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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 03	Contribution Category/Type: 011

C. Full Name (Last, First, Middle Initial) Price For Congress Committee	Transaction ID: 16047522 Date of Disbursement 10 / 07 / 2008
	Mailing Address P. O. Box 1986
City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution Candidate Name Rep. David E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 04	Contribution Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Coble For Congress</p> <p>Mailing Address PO Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Howard Coble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047529</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mike McIntyre For Congress</p> <p>Mailing Address P.O. Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047533</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Sue Myrick For Congress</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047543</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Heath Shuler For Congress</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Heath Shuler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047546</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee</p> <p>Mailing Address PO Box 36831</p> <p>City Charlotte State NC Zip Code 28236</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Melvin L. Watt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 12</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047548</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Bradley Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16047550</p> <p>Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address P.O. Box 8277 City The Woodlands State TX Zip Code 77387 Purpose of Disbursement Contribution Candidate Name Rep. Kevin Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16047553 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 2000.00 Contribution

B. Full Name (Last, First, Middle Initial) Doggett For Us Congress Mailing Address 1157 San Bernard City Austin State TX Zip Code 78702 Purpose of Disbursement Contribution 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16047562 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 2000.00 Contribution

C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign Mailing Address PO Box 12612 City San Antonio State TX Zip Code 78212 Purpose of Disbursement Contribution Candidate Name Rep. Charles A. Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16047576 Date of Disbursement 10 / 07 / 2008
	Amount of Each Disbursement this Period 2000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Gene Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29</p>	<p>Transaction ID: 16047579 Date of Disbursement: 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Poe For Congress</p> <p>Mailing Address P.O. Box 14222</p> <p>City Humble State TX Zip Code 77347</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Ted Poe Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 02</p>	<p>Transaction ID: 16048928 Date of Disbursement: 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Pete Sessions For Congress 2008</p> <p>Mailing Address Post Office Box 38585</p> <p>City Dallas State TX Zip Code 75238</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32</p>	<p>Transaction ID: 16048929 Date of Disbursement: 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Al Green For Congress	Transaction ID: 16048930 Date of Disbursement 10 / 07 / 2008
	Mailing Address P.O. Box 20174 Suite 321	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77225	
	Purpose of Disbursement Contribution Candidate Name Rep. Al Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Doggett For Us Congress	Transaction ID: 16048931 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1157 San Bernard	Amount of Each Disbursement this Period 1000.00
	City Austin State TX Zip Code 78702	
	Purpose of Disbursement Contribution Candidate Name Rep. Lloyd Doggett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 16048932 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 16128	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77222	
	Purpose of Disbursement Contribution Candidate Name Rep. Gene Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Al Green For Congress	Transaction ID: 16048933 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. Box 20174 Suite 321	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77225	
	Purpose of Disbursement Contribution Candidate Name Rep. Al Green Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 09	Contribution

B.	Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign	Transaction ID: 16048934 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1519 Washington Street 2nd Floor Suite 200	Amount of Each Disbursement this Period 1000.00
	City Laredo State TX Zip Code 78042	
	Purpose of Disbursement Contribution Candidate Name Rep. Henry Cuellar Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 28	Contribution

C.	Full Name (Last, First, Middle Initial) Chet Edwards For Congress	Transaction ID: 16048935 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 23273	Amount of Each Disbursement this Period 1000.00
	City Waco State TX Zip Code 76702	
	Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17	Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Pete King For Congress Committee</p> <p>Mailing Address Post Office Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Peter T. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16048936 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Chris Lee for Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Chris Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16048937 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Tonko For Congress</p> <p>Mailing Address 911 Central Avenue PO Box 221</p> <p>City Albany State NY Zip Code 12206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Paul Tonko</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16048938 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Paul Tonko For Congress</p> <p>Mailing Address 911 Central Avenue PO Box 221</p> <p>City Albany State NY Zip Code 12206</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mr. Paul Tonko</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 21</p>	<p>Transaction ID: 16048939 Date of Disbursement: 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Peter Hoekstra For Congress</p> <p>Mailing Address 1454 Cimarron Drive</p> <p>City Holland State MI Zip Code 49423</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Peter Hoekstra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 02</p>	<p>Transaction ID: 16048941 Date of Disbursement: 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Jerry Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KS District: 01</p>	<p>Transaction ID: 16048943 Date of Disbursement: 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Judge John Carter For Congress Committee</p> <p>Mailing Address PO Box 6930</p> <p>City Round Rock State TX Zip Code 78683</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John R. Carter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16048944 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Frank Wolf</p> <p>Mailing Address P. O. Box 710235</p> <p>City Oak Hill State VA Zip Code 20171</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Frank R. Wolf</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16048946 Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tom Feeney For Congress</p> <p>Mailing Address P. O. Box 622345</p> <p>City Oviedo State FL Zip Code 32762</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Tom Feeney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 16048947 Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Schiff For Congress</p> <p>Mailing Address 777 S. Figueroa St. Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Adam B. Schiff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 29</p>	<p>Transaction ID: 16048953 Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) McHenry For Congress</p> <p>Mailing Address PO Box 1406</p> <p>City Hickory State NC Zip Code 28603</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Patrick T. McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 10</p>	<p>Transaction ID: 16049022 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress</p> <p>Mailing Address P.O. Box 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 23</p>	<p>Transaction ID: 16049025 Date of Disbursement 10 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	67250.00