

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	96312.03	515282.71
(i) Itemized (use Schedule A)		
(ii) Unitemized	41050.99	305535.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	137363.02	820817.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	137363.02	827567.92
12. Transfers From Affiliated/Other Party Committees	65000.00	530975.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2022.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	429.06	3873.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	202792.08	1366939.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	202792.08	1366939.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

DETAILED SUMMARY PAGE
of Disbursements

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 130
(check only one)

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

Mailing Address 5721 West 119th Street

City State Zip Code
Overland Park KS 66209-3722

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 14718371

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bob Garrison

Mailing Address 511 South White Avenue

City State Zip Code
Rangely CO 81648-2100

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

Name of Employer Rangely District Hospital Occupation Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.50

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 14718411

Amount of Each Receipt this Period
249.50

C.

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

Mailing Address P O Box 189

City State Zip Code
Burlington KS 66839-0189

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

Name of Employer Coffey County Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2007

Transaction ID: 14718412

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **749.50**

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 7 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Dr. John H Jeter, , M.D.	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address P O Box 8100	Transaction ID: 14718441
	City State Zip Code Hays KS 67601-8100	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hays Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 14607 West 89th Street	Transaction ID: 14718456
	City State Zip Code Lenexa KS 66215-2967	Amount of Each Receipt this Period 134.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kansas Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	

C.	Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 325 Maine Street	Transaction ID: 14718468
	City State Zip Code Lawrence KS 66044-1360	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lawrence Memorial Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	634.61
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 8 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Joyce Portela	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 9632 Zarda Drive	Transaction ID: 14718488
	City State Zip Code Lenexa KS 66227-7205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Shawnee Mission Medical Center	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Julie Quirin	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 12300 Metcalf Avenue	Transaction ID: 14718489
	City State Zip Code Overland Park KS 66213-1324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Saint Luke's South Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Lynnette A. RauvolaBouta	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 25 Huntington St.	Transaction ID: 14718491
	City State Zip Code Eastborough KS 67206-2047	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. 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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address One Medical Center Drive

City Lebanon State NH Zip Code 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 ▼ 250.00

Date of Receipt 11 / 05 / 2007

Transaction ID: 14718567

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Gregory J Walker

Mailing Address 789 Central Avenue

City Dover State NH Zip Code 03820-2526

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

Name of Employer Wentworth-Douglass Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2007

Transaction ID: 14718569

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ed Noseworthy

Mailing Address 587 Broadoak Loop

City Sanford State FL Zip Code 32773-6604

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

Name of Employer Florida Hospital East Orlando Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2007

Transaction ID: 14720844

Amount of Each Receipt this Period 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 2600 Greenwood Road

City State Zip Code
Shreveport LA 71130-2600

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

Name of Employer Willis-Knighton Health System
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2007

Transaction ID: 14729451

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. William R Holman, FACHE

Mailing Address P O Box 2511

City State Zip Code
Baton Rouge LA 70821-2511

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

Name of Employer Baton Rouge General Medical Center
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2007

Transaction ID: 14729452

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ms. Delores LeJeune

Mailing Address 1125 West Highway 30

City State Zip Code
Gonzales LA 70737-5004

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

Name of Employer St. Elizabeth Hospital
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2007

Transaction ID: 14729453

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<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 Peoples, , MSN, R.N

Mailing Address P O Box 6037

City Houma State LA Zip Code 70361-6037

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

Name of Employer Terrebonne General Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2007

Transaction ID: 14729454

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John J. Finn, Ph.D.

Mailing Address 417 Magnolia Lane

City Mandeville State LA Zip Code 70471-1646

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

Name of Employer Metropolitan Hospital Council of New O Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2007

Transaction ID: 14729455

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Larry Graham

Mailing Address 1701 Oak Park Boulevard

City Lake Charles State LA Zip Code 70601-8911

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

Name of Employer Lake Charles Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2007

Transaction ID: 14729511

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Karen Mixon		Date of Receipt
	Mailing Address 1635 Marvel Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Coushatta	LA	71019-9022
	FEC ID number of contributing federal political committee. C		Transaction ID: 14729512
Name of Employer CHRISTUS Coushatta Health Care Center		Occupation Administrator	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"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mr. John Steckler		Date of Receipt
	Mailing Address 2450 Severn Avenue, Suite 210		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Metairie	LA	70001-6942
	FEC ID number of contributing federal political committee. C		Transaction ID: 14729513
Name of Employer ShareCor		Occupation Director of IS	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"/> 250.00

C.	Full Name (Last, First, Middle Initial) Mr Warner L Thomas		Date of Receipt
	Mailing Address 1514 Jefferson Highway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	New Orleans	LA	70121-2484
	FEC ID number of contributing federal political committee. C		Transaction ID: 14729514
Name of Employer Ochsner Medical Center		Occupation President and Chief Operating 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"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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 13 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<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. Edward J Bonn

Mailing Address 11 Upper Riverdale Road SW

City State Zip Code
Riverdale GA 30274-2600

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14730180

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda A Clark

Mailing Address 677 Church Street

City State Zip Code
Marietta GA 30060-1101

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

Name of Employer WellStar Kennestone Hospital
Occupation Senior Vice President and Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14730186

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Lee Sanders Greer

Mailing Address 664 Mooney Hollow Road

City State Zip Code
Tallahassee AL 35010

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

Name of Employer Community Hospital
Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: 14730317

Amount of Each Receipt this Period
525.00

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 6600 Apple Cross Drive North

City State Zip Code
Mobile AL 36695-2900

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

Name of Employer USA Children's and Women's Hospital
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: 14730318

Amount of Each Receipt this Period
210.00

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

Mailing Address 1000 West 8th Avenue

City State Zip Code
Yuma CO 80759-2641

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

Name of Employer Yuma District Hospital
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14730648

Amount of Each Receipt this Period
250.00

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

Mailing Address 7218 Marstella Drive

City State Zip Code
Brownsburg IN 46112-8442

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

Name of Employer Clarian Health
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 14730717

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **960.00**

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 15 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Linda Roberts

Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202-1239

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

Name of Employer Occupation
Clarian Health Hospital Vice President

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

Date of Receipt

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

Transaction ID: 14730718

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 4636 St. John Circle

City State Zip Code
Zionsville IN 46077-8140

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

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

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

Date of Receipt

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

Transaction ID: 14730735

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address P O Box 490

City State Zip Code
New Castle IN 47362-0490

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

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

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

Date of Receipt

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

Transaction ID: 14730738

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Marvin G Pember

Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202

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

Name of Employer Occupation
Clarian Health Partners Hospital EVP and CFO

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

Date of Receipt

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

Transaction ID: 14730739

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Samuel L Odle

Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202-1239

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

Name of Employer Occupation
Methodist Hospital President and Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14730740

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Norman G Tabler, Jr.

Mailing Address 1701 North Senate Boulevard

City State Zip Code
Indianapolis IN 46202-1239

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

Name of Employer Occupation
Clarian Health Hospital Sr VP & Gen'l Counsel

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

Date of Receipt

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

Transaction ID: 14730741

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 130
(check only one)

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

Mailing Address 601 Hosier Drive

City State Zip Code
New Castle IN 47362-0490

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

Name of Employer Occupation
Henry County Hospital Senior Vice President and Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14730745

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Daniel F Evans, , Jr.

Mailing Address P O Box 1367

City State Zip Code
Indianapolis IN 46206-1367

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

Name of Employer Occupation
Clarian Health President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14730746

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Naval Sondhi, MD

Mailing Address P O Box 1906

City State Zip Code
Indianapolis IN 46206-1906

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

Name of Employer Occupation
Clarian Health Executive Management/Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14730748

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Linder	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address P.O. Box 1367	Transaction ID: 14730756
	City State Zip Code Indianapolis IN 46206-1367	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Clarian Health Partners Hospital VP, Gov't Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 900 Potomac Street	Transaction ID: 14730831
	City State Zip Code Aurora CO 80011-6716	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Spalding Rehabilitation Hospital President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Janet Stephens	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 6014 Watson Drive	Transaction ID: 14730834
	City State Zip Code Fort Collins CO 80528-8877	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Colorado Hospital Association Vice President of Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 19 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: 14733941
	City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. James A. Diegel	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 2524 SW 34 Court	Transaction ID: 14733942
	City State Zip Code Redmond OR 97756-8280	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Central Oregon District Hospital Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Andrea Easton	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 258 Evergreen Road #4	Transaction ID: 14733943
	City State Zip Code Lake Oswego OR 97034-3145	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Oregon Association of Hospitals & Heal Occupation Director of Advocacy 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)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City State Zip Code
Bellevue WA 98007-6493

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

Name of Employer Occupation
PeaceHealth President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14733944

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Deryl L Jones

Mailing Address 10123 SE Market Street

City State Zip Code
Portland OR 97216-2532

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

Name of Employer Occupation
Adventist Medical Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14733945

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Skip Kriz

Mailing Address 3370 Lakeview Drive

City State Zip Code
Eugene OR 97408-7207

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

Name of Employer Occupation
PeaceHealth Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14733946

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mel Pyne

Mailing Address 3015 Summit Sky Blvd.

City Eugene State OR Zip Code 97405-6253

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

Name of Employer PeaceHealth Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2007

Transaction ID: 14733955

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Terry O Finklein

Mailing Address 2111 Exchange Street

City Astoria State OR Zip Code 97103-3329

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

Name of Employer Columbia Memorial Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2007

Transaction ID: 14733962

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. David Holloway, MD.

Mailing Address 3735 Cherokee Drive South

City Salem State OR Zip Code 97302-9712

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

Name of Employer Salem Hospital Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2007

Transaction ID: 14733964

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Cheryl Nester-Bowers

Mailing Address 252 Muirfield Avenue SE

City Salem State OR Zip Code 97306-8594

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

Name of Employer Salem Hospital Occupation Sr. VP, Patient Care, Chief Nursing Of

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2007
Transaction ID: 14733965
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. William E Winter

Mailing Address 342 Fairview Street

City Silverton State OR Zip Code 97381-1917

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

Name of Employer Silverton Hospital Occupation Administrative Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2007
Transaction ID: 14733973
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Roy G Vinyard, , FACHE

Mailing Address 2650 Siskiyou Blvd, Suite 200

City Medford State OR Zip Code 97504-8170

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2007
Transaction ID: 14733983
 Amount of Each Receipt this Period 338.00

SUBTOTAL of Receipts This Page (optional) ► 1088.00

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 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Kent L. Brown		Date of Receipt MM / DD / YYYY 11 / 09 / 2007		
	Mailing Address 3894 Cherry Lane		Transaction ID: 14733986		
	City Medford	State OR	Zip Code 97504-8332	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rogue Valley Medical Center	Occupation Chief Operating Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Andrew Wilson, MD		Date of Receipt MM / DD / YYYY 11 / 09 / 2007		
	Mailing Address 1268 Greenleaf Drive		Transaction ID: 14735360		
	City Rochester Hills	State MI	Zip Code 48309-1723	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Beaumont Hospital - Royal Oak	Occupation Director/Administration			
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. Stephen M Erixon		Date of Receipt MM / DD / YYYY 11 / 09 / 2007		
	Mailing Address 220 Windy Ridge		Transaction ID: 14735761		
	City Hollister	State MO	Zip Code 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 ▼ 462.00			

SUBTOTAL of Receipts This Page (optional)

542.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<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. Wayne Gandee, MD

Mailing Address PO Box 13727

City State Zip Code
Roanoke VA 24036-3727

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

Name of Employer Occupation
Carilion Roanoke Community Hospital Administrator/Chair, Radiology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14741802

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1141 Windy Hill Road

City State Zip Code
Goodview VA 24095-2909

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

Name of Employer Occupation
Carilion Health System Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14741803

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 644 Johnston Road

City State Zip Code
Marion VA 24354-4345

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

Name of Employer Occupation
Smyth County Community Hospital Vice President Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14741815

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Donald L. Harris	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 5976 Burnside Landing Drive	Transaction ID: 14741871
	City State Zip Code Burke VA 22015-2522	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Inova Health System Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 701 N State of Franklin, Ste 1	Transaction ID: 14741884
	City State Zip Code Johnson City TN 37604-3645	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mountain States Health Alliance Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1062.50	

C.	Full Name (Last, First, Middle Initial) Dr Janis M Orlowski, , M.D.	Date of Receipt MM / DD / YYYY 11 / 18 / 2007
	Mailing Address 2705 Olive St. NW	Transaction ID: 14741971
	City State Zip Code Washington DC 20007-3326	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Washington Hospital Center Occupation Senior Vice President Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1312.50
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 26 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. David Engler, PhD

Mailing Address 323 Pebble Creek Drive

City State Zip Code
Dublin OH 43017-1370

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

Name of Employer Occupation
Ohio Hospital Association Sr. Dir. Data Services & V.P. REF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14745270

Amount of Each Receipt this Period
250.00

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

Mailing Address 8484 Old Shaw Way

City State Zip Code
West Chester OH 45069-6400

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

Name of Employer Occupation
Mercy Health Partners Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14745271

Amount of Each Receipt this Period
250.00

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 14754001

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: PAGE 27 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<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. James F Caldas

Mailing Address 110 Irving Street NW

City State Zip Code
Washington DC 20010-3017

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

Name of Employer Occupation
Washington Hospital Center President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14754006

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2740

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

Name of Employer Occupation
William W. Backus Hospital, The President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14755570

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Kathleen Roche

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14755571

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Julia A. Petrellis

Mailing Address 329 Round Hill Road

City State Zip Code
Bristol CT 06010-9021

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

Name of Employer Occupation
Connecticut Hospital Association Director, Quality Improvement

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14755572

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr J. Kevin Kinsella

Mailing Address P O Box 5037

City State Zip Code
Hartford CT 06102-5037

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

Name of Employer Occupation
Hartford Hospital 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 1 / 1 4 / 2 0 0 7

Transaction ID: 14755573

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 827 Orange Road

City State Zip Code
Waterbury CT 06708

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

Name of Employer Occupation
Connecticut Hospital Association Manager, Government Relations

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14755574

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 130
(check only one)

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

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2733

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

Name of Employer William W. Backus Hospital, The
Occupation Senior Vice President and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14755606

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14755607

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Steven A. Godfrey

Mailing Address Post Office Box 100

City State Zip Code
New Britain CT 06050-4000

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

Name of Employer Central Connecticut Health Alliance
Occupation Vice President, Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14755608

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Clarence J Silvia

Mailing Address 81 Meriden Avenue

City State Zip Code
Southington CT 06489-3268

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

Name of Employer Occupation
Bradley Memorial Hospital President and Chief Executive Officer
and Health C

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 14755609

Amount of Each Receipt this Period
250.00

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

Mailing Address 56 Franklin Street

City State Zip Code
Waterbury CT 06706-1221

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

Name of Employer Occupation
Saint Mary's Hospital Director

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 14755610

Amount of Each Receipt this Period
250.00

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

Mailing Address 64 Robbins Street

City State Zip Code
Waterbury CT 06708-2613

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

Name of Employer Occupation
Waterbury Hospital VP Strategic Development

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 14755669

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 130
(check only one)

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

Mailing Address 81 Meriden Avenue

City State Zip Code
Southington CT 06489-3297

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

Name of Employer Occupation
Bradley Memorial Hospital and Health C Vice President Finance and Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 14755670

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Patrick Charmel

Mailing Address 130 Division Street

City State Zip Code
Derby CT 06418-1326

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

Name of Employer Occupation
Griffin Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 14755671

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 14755672

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 130
(check only one)

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

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14755772

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Steven D Hanks, , M.D.

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

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

Name of Employer Occupation
New Britain General Hospital Senior Vice President Medical Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14755774

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Howard A. Shaw, MD

Mailing Address 65 Olander Lane

City State Zip Code
Middletown CT 06457-1574

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Chairman & Director, Department OB/GYN

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14755775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn S. Kobsa

Mailing Address P O Box 5000

City State Zip Code
Bridgeport CT 06610-0120

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

Name of Employer Occupation
Bridgeport Hospital Senior Vice President Planning and Mar

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14755777

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Martin L. Levine

Mailing Address 19 Carter Lane

City State Zip Code
Glastonbury CT 06033-2217

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

Name of Employer Occupation
Windham Community Memorial Hospital Administrator Director Human Resources

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14755778

Amount of Each Receipt this Period
250.00

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

Mailing Address 280 Steele Road

City State Zip Code
West Hartford CT 06117-2743

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

Name of Employer Occupation
Updike, Kelly and Spellacy Trustee

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 14757234

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 34 / 130	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr Vincent Capece	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 28 Crescent Street	Transaction ID: 14757235
	City State Zip Code Middletown CT 06457-3650	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Middlesex Hospital Occupation Vice President Finance and Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Edward Johnson	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 114 Woodland Street	Transaction ID: 14757236
	City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Saint Francis Care Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hanley	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 349 East Street	Transaction ID: 14757237
	City State Zip Code Hebron CT 06248-1102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Saint Francis Hospital and Medical Cen Occupation Administrator, Liaison Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 115 Mountain Terrace Road

City State Zip Code
West Hartford CT 06107-1547

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Vice president Communications

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

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

Transaction ID: 14757238

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Bernard A. Clark, III

Mailing Address 93 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06033-2545

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

Name of Employer Occupation
Saint Francis Hospital and Medical Cen Chairman, Dept. of Medicine

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

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

Transaction ID: 14757308

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Robert J Trefry

Mailing Address P O Box 5000

City State Zip Code
Bridgeport CT 06610-0120

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

Name of Employer Occupation
Bridgeport Hospital President and Chief Executive Officer

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

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

Transaction ID: 14757309

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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 Amit K Mody, , M.D.		Date of Receipt MM / DD / YYYY 11 / 14 / 2007	
	Mailing Address 114 Woodland Street		Transaction ID: 14757310	
	City	State	Zip Code	Amount of Each Receipt this Period
	Hartford	CT	06105-1208	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Saint Francis Care, Inc.		Occupation Executive Vice President and Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Mr. Paul F. Pendergast		Date of Receipt MM / DD / YYYY 11 / 14 / 2007	
	Mailing Address 95 Woodland Street		Transaction ID: 14757311	
	City	State	Zip Code	Amount of Each Receipt this Period
	Hartford	CT	06105-1230	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Saint Francis Care, Inc.		Occupation President & Chief Development Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

C.	Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings		Date of Receipt MM / DD / YYYY 11 / 14 / 2007	
	Mailing Address 365 Montauk Avenue		Transaction ID: 14757312	
	City	State	Zip Code	Amount of Each Receipt this Period
	New London	CT	06320-4700	500.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Lawrence & Memorial Hospital		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<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. Robert Gerard Kiely

Mailing Address 28 Crescent Street

City Middletown State CT Zip Code 06457-3654

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

Name of Employer Middlesex Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 14757319

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Joel R Reich, , M.D.

Mailing Address 71 Haynes Street

City Manchester State CT Zip Code 06040-4131

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

Name of Employer Eastern Connecticut Health Network Occupation Senior Vice President Medical Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 14757320

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Karl Krapek

Mailing Address 11 Pembroke Drive

City Avon State CT Zip Code 06001-3970

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

Name of Employer Saint Francis Hospital and Medical Cen Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007

Transaction ID: 14757321

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Thomas O. Barnes

Mailing Address 123 Main Street

City Bristol State CT Zip Code 06010-6307

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

Name of Employer Bristol Hospital Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 14757322
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. John H Tobin

Mailing Address 64 Robbins Street

City Waterbury State CT Zip Code 06708-2600

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

Name of Employer Waterbury Hospital Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 14757323
Amount of Each Receipt this Period 500.00

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

Mailing Address 110 Barnes Road

City Wallingford State CT Zip Code 06492-1802

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 14757337
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 130
(check only one)

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

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757338

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 108 Winding Lane

City State Zip Code
Avon CT 06001-2625

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

Name of Employer Occupation
Connecticut Children's Me- President & CEO
dical Center

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757339

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 5 Lynnbrook Road

City State Zip Code
Trumbull CT 06611-3308

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

Name of Employer Occupation
Connecticut Hospital Asso- Vice President, Business Development &
ciation

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757340

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Kimberley K. Hostetler

Mailing Address 31 Prospect Place

City State Zip Code
Bristol CT 06010-5045

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

Name of Employer Connecticut Hospital Association
Occupation Vice President

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757341

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Marna P Borgstrom

Mailing Address 20 York Street

City State Zip Code
New Haven CT 06510-3220

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

Name of Employer Yale-New Haven 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 1 / 1 4 / 2 0 0 7

Transaction ID: 14757342

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 411 Old Sherman Hill Road

City State Zip Code
Woodbury CT 06798-4003

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

Name of Employer Connecticut Hospital Association
Occupation 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
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757343

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 130
(check only one)

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

Mailing Address 56 Franklin Street

City State Zip Code
Waterbury CT 06706-1238

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

Name of Employer Occupation
Saint Mary's Hospital President and Chief Executive Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 14757344

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kurt A Barwis, , CHE, CPA

Mailing Address Brewster Road

City State Zip Code
Bristol CT 06011

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

Name of Employer Occupation
Bristol Hospital President and Chief Executive Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 14757345

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Laurence A Tanner

Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

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

Name of Employer Occupation
Hospital of Central Connecticut, The President and Chief Executive Officer

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: 14757346

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Brian Fillipo, MD
Mailing Address 6192 Moores Creek
City State Zip Code
Summerfield NC 27358-8285
FEC ID number of contributing federal political committee. **C**
Name of Employer Connecticut Hospital Association
Occupation Vice President, Quality and Patient Sa
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 14757351
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Christopher M Dadlez
Mailing Address 114 Woodland Street
City State Zip Code
Hartford CT 06105-1208
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Francis Care, Inc.
Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 14757352
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. William Stanley
Mailing Address 292 Pequot Avenue
City State Zip Code
New London CT 06320-4451
FEC ID number of contributing federal political committee. **C**
Name of Employer Lawrence & Memorial Hospital
Occupation Vice President, Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 14 / 2007
Transaction ID: 14757353
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Mary Lyon

Mailing Address 12 Wildlife Drive

City Wallingford State CT Zip Code 06492-5346

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

Name of Employer Connecticut Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 14757354
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mr Kyle Ballou

Mailing Address 20 York Street

City New Haven State CT Zip Code 06510-3220

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

Name of Employer Yale-New Haven Hospital Occupation Administrative Director Community & Go

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 14757355
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Christopher Hartley

Mailing Address 114 woodland Street

City Hartford State CT Zip Code 06105-1208

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2007
Transaction ID: 14757372
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. E. Merritt McDonough, Jr.	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 44 Wesmont	Transaction ID: 14757384
	City State Zip Code West Hartford CT 06117-2927	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr Richard D'Aquila	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 789 Howard Avenue	Transaction ID: 14757416
	City State Zip Code New Haven CT 06519-1304	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Yale New Haven Health System	Occupation Executive Vice President and Chief Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jane Deane Clark, PhD	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 110 Barnes Road	Transaction ID: 14757417
	City State Zip Code Wallingford CT 06492-1802	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Connecticut Hospital Association	Occupation Senior Director, Healthcare Data	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

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

Name of Employer Occupation
Connecticut Hospital Association Director, Patient Care

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757418

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Leslie Gianelli

Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

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

Name of Employer Occupation
Connecticut Hospital Association Director, Communications

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757419

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Allan Pinard

Mailing Address 110 Barnes Road

City State Zip Code
Wallingford CT 06492-1802

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

Name of Employer Occupation
Connecticut Hospital Association Assistant Vice President, Finance

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14757422

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Jerome G. Geraghty

Mailing Address 20 South Charles Street
Sun Life Building, Suite 1200

City State Zip Code
Baltimore MD 21201-3220

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

Name of Employer Occupation
Maryland Hospital Association MHA General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

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

Transaction ID: 14757440

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)
Ms. Catherine M. Crowley

Mailing Address 2100 Poplar Ridge Road

City State Zip Code
Pasadena MD 21122-3820

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

Name of Employer Occupation
Maryland Hospital Association Assistant Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 14757441

Amount of Each Receipt this Period

600.00

C.

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

Mailing Address 100 Hospital Road

City State Zip Code
Prince Frederick MD 20678-9675

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

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

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

Date of Receipt

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

Transaction ID: 14757442

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2225.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Carmela S. Coyle

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Vice President, Policy

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

Date of Receipt

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

Transaction ID: 14757474

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

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

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

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 530.00

Date of Receipt

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

Transaction ID: 14757495

Amount of Each Receipt this Period

140.00

C.

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

Mailing Address 4885 Pheasant Court South

City State Zip Code
Afton MN 55001-9415

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

Name of Employer Minnesota Hospital Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.50

Date of Receipt

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

Transaction ID: 14757497

Amount of Each Receipt this Period

269.50

SUBTOTAL of Receipts This Page (optional) ▶

1409.50

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 48 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Ann Gibson

Mailing Address 2550 University Avenue W.
Suite 350-S

City State Zip Code
Saint Paul MN 55114-1052

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

Name of Employer Occupation
Minnesota Hospital Association Director, Health Policy & Federal Rela

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 14757513

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Tania Daniels

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 Director, Health Policy

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 14757514

Amount of Each Receipt this Period
250.00

C.

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 ▼ 770.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 14757519

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ► **740.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<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. Debra K Boardman

Mailing Address 323 South Minnesota Street

City State Zip Code
Crookston MN 56716-1600

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

Name of Employer: Riverview Healthcare Association
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.50

Date of Receipt: 11 / 26 / 2007
Transaction ID: 14757520
Amount of Each Receipt this Period: 7.50

B.

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

Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

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

Name of Employer: North Country Regional Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 517.50

Date of Receipt: 11 / 26 / 2007
Transaction ID: 14757598
Amount of Each Receipt this Period: 167.05

C.

Full Name (Last, First, Middle Initial)
Ms Kathy Johnson

Mailing Address 200 North Elm Street

City State Zip Code
Onamia MN 56359-7901

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

Name of Employer: Mille Lacs Health System
Occupation: Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 11 / 26 / 2007
Transaction ID: 14757602
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **424.55**

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 50 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Bruce J. Rueben

Mailing Address 4885 Pheasant Court South

City State Zip Code
Afton MN 55001-9415

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

Name of Employer Occupation
Minnesota Hospital Association President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 770.00

Date of Receipt

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

Transaction ID: 14757618

Amount of Each Receipt this Period

269.50

B.

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

Mailing Address 2550 University Avenue

City State Zip Code
St. Paul MN 55114

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

Name of Employer Occupation
Minnesota Hospital Association Vice President of Information Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: 14757621

Amount of Each Receipt this Period

280.00

C.

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

Mailing Address Rt. 15, Box 241

City State Zip Code
Tallahassee FL 32311

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

Name of Employer Occupation
Florida Hospital Association Senior Vice President

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

Date of Receipt

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

Transaction ID: 14758858

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1049.50

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 51 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City State Zip Code
Saint Petersburg FL 33701-4891

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

Name of Employer Occupation
Bayfront 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
1 1 / 2 6 / 2 0 0 7

Transaction ID: 14758876

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Timothy J Goldfarb

Mailing Address 1600 SW Archer Road

City State Zip Code
Gainesville FL 32610-3003

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

Name of Employer Occupation
Shands HealthCare Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 14759088

Amount of Each Receipt this Period
1500.00

C.

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

Mailing Address 1414 Kuhl Avenue

City State Zip Code
Orlando FL 32806-2093

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

Name of Employer Occupation
Orlando Regional Healthca- President and Chief Executive Officer
re

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 14763671

Amount of Each Receipt this Period
500.00

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 52 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Lars Houmann		Date of Receipt
	Mailing Address 601 East Rollins Street		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Orlando	FL	32803-1248
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Florida Hospital		Occupation President	Transaction ID: 14763673
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="545.00"/>	<input type="text" value="22.50"/>

B.	Full Name (Last, First, Middle Initial) Mr Warren E Jones		Date of Receipt
	Mailing Address 1300 Miccosukee Road		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tallahassee	FL	32308-5054
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Tallahassee Memorial HealthCare		Occupation Vice President and Chief Communication	Transaction ID: 14763797
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. Alfred G Stubblefield		Date of Receipt
	Mailing Address 1717 North 'E' Street, Ste 320		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Pensacola	FL	32501-6377
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Baptist Health Care Corporation		Occupation President	Transaction ID: 14763814
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="1000.00"/>	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1272.50"/>
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 53 / 130

(check only one)

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

Mailing Address 625 Buttonwood Lane

City State Zip Code
Miami FL 33137-3359

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

Name of Employer Occupation
Memorial Healthcare System Administrator

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

Date of Receipt

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

Transaction ID: 14763816

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Timothy P Menton

Mailing Address 2291 SW 76th Lane

City State Zip Code
Ocala FL 34476-6774

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

Name of Employer Occupation
Villages Regional Hospital, The Chief Executive Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 272.50

Date of Receipt

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

Transaction ID: 14763822

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr. William G Ulbricht

Mailing Address P O Box 12588

City State Zip Code
Saint Petersburg FL 33733-2588

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 212.50

Date of Receipt

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

Transaction ID: 14764133

Amount of Each Receipt this Period

212.50

SUBTOTAL of Receipts This Page (optional)

712.50

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 54 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Joseph L. Ruark

Mailing Address 6809 Hillock Court

City State Zip Code
Florence KY 41042-1175

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

Name of Employer St. Elizabeth Medical Center-Grant Cou Occupation Acting Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 14765728

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 109 Brittany Court

City State Zip Code
Lakeside Park KY 41017-2101

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

Name of Employer St. Elizabeth Medical Center Occupation Trustee

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 1 / 3 0 / 2 0 0 7

Transaction ID: 14765729

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael Walters, MD

Mailing Address 747 Hurstbourne

City State Zip Code
Edgewood KY 41017-9602

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

Name of Employer St. Elizabeth Medical Center-South Occupation Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14765730

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: PAGE 55 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 641 Salem End road

City State Zip Code
Framingham MA 01702-5529

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14765780

Amount of Each Receipt this Period
250.00

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

Mailing Address 83 Penniman Place

City State Zip Code
Brookline MA 02445-4135

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

Name of Employer New England Baptist Hospital
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14765781

Amount of Each Receipt this Period
250.00

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

Mailing Address 2014 Washington Street

City State Zip Code
Newton Lower Falls MA 02462-1699

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

Name of Employer Newton-Wellesley Hospital
Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 14765782

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: PAGE 56 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

B. Full Name (Last, First, Middle Initial)
Ms. Trudy Chittick
 Mailing Address 150 East Arapahoe Street
 City State Zip Code
 Thermopolis WY 82443-2402
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7
Transaction ID: 14765838
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hot Springs County Memori- Chief Executive Officer
 al Hospital
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gordon Lewis
 Mailing Address 2000 Campbell Drive
 City State Zip Code
 Torrington WY 82240-1528
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7
Transaction ID: 14765839
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Community Hospital Chief Executive Officer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<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. Peter A. Sherlock

Mailing Address 388 Western Avenue

City State Zip Code
West Brattleboro VT 05301-6238

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

Name of Employer: Brattleboro Memorial Hospital
Occupation: Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 30 / 2007
Transaction ID: 14766433
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Cynthia Kreutz

Mailing Address 900 Potomac Street

City State Zip Code
Aurora CO 80011-6716

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

Name of Employer: Spalding Rehabilitation Hospital
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt: 11 / 30 / 2007
Transaction ID: 14766437
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mr Henry D Lipman

Mailing Address 179 Sara Circle

City State Zip Code
Laconia NH 03246-3069

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

Name of Employer: LRG Healthcare
Occupation: Executive Vice President and Chief Fin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 30 / 2007
Transaction ID: 14766472
Amount of Each Receipt this Period: 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Rev. Michael D. Place, STD	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1671 Mission Hill Road #308	Transaction ID: 14766480
	City State Zip Code Northbrook IL 60062-5735	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Resurrection Health Care Corporation	Occupation Vice President, Ministry Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. William J. Cox	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 1215 K Street 20th Floor	Transaction ID: 14766484
	City State Zip Code Sacramento CA 95814-3945	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Alliance of Catholic Health Care	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. John J. Lynch, M.D.	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 3719 Winfield Lane, NW	Transaction ID: 14766485
	City State Zip Code Washington DC 20007-2349	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Washington Hospital Center	Occupation Associate Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 59 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson		Date of Receipt	
	Mailing Address 61 Hickory Lane		M M / D D / Y Y Y Y Y 11 / 30 / 2007	
	City	State	Zip Code	Transaction ID: 14771611
	Madison	CT	06443-1718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	1000.00	
Name of Employer Connecticut Hospital Association		Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Mr. Kevin Nokels		Date of Receipt	
	Mailing Address 11111 South 84th Street		M M / D D / Y Y Y Y Y 11 / 30 / 2007	
	City	State	Zip Code	Transaction ID: 14772117
	Papillion	NE	68046-4122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00	
Name of Employer Alegent-Health Midlands Hospital		Occupation Vice President and Chief Operating Off		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Mr. Dennis D Keefe		Date of Receipt	
	Mailing Address 1493 Cambridge Street		M M / D D / Y Y Y Y Y 11 / 29 / 2007	
	City	State	Zip Code	Transaction ID: 14795409
	Cambridge	MA	02139-1099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00	
Name of Employer Cambridge Health Alliance		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Timothy F. Gens

Mailing Address 5 New England Executive Park

City State Zip Code
Burlington MA 01803-5010

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

Name of Employer Massachusetts Hospital Association
Occupation Sr. Vice President, Legal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14795411

Amount of Each Receipt this Period
250.00

B.

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 Beverly Hospital
Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14795412

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Paul W. Allison

Mailing Address 36 Mitchell Grant

City State Zip Code
Bedford MA 01730-1264

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

Name of Employer Cambridge Health Alliance
Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14795413

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 130
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. John B Chessare, M.D., M.

Mailing Address 736 Cambridge Street

City State Zip Code
Boston MA 02135-2907

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

Name of Employer: Caritas Christi Health Care
Occupation: Interim President and Chief Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 29 / 2007
Transaction ID: 14795415
Amount of Each Receipt this Period: 1000.00

B.

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

Mailing Address 2006 Irving Street

City State Zip Code
Beatrice NE 68310-2265

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

Name of Employer: Beatrice Community Hospital and Health
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 29 / 2007
Transaction ID: 14795431
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Craig M Ames

Mailing Address 1600 South 48th Street

City State Zip Code
Lincoln NE 68506-1299

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

Name of Employer: BryanLGH Medical Center
Occupation: President and Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 29 / 2007
Transaction ID: 14795435
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Daniel W. Griess

Mailing Address 744 West 16th Street

City State Zip Code
Alliance NE 69301-2214

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

Name of Employer Occupation
Box Butte General Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14795448

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address P O Box 9804

City State Zip Code
Grand Island NE 68802-9804

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

Name of Employer Occupation
Saint Francis Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14795450

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Lucinda A Bradley

Mailing Address P O Box 1167

City State Zip Code
North Platte NE 69103-1167

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

Name of Employer Occupation
Great Plains 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 1 / 2 9 / 2 0 0 7

Transaction ID: 14797586

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 2676 South 96th Circle

City State Zip Code
Omaha NE 68124-1949

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

Name of Employer Occupation
Alegent Health President, Alegent Health System

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14797735

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. James P Ulrich, Jr.

Mailing Address P O Box 1328

City State Zip Code
McCook NE 69001-1328

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

Name of Employer Occupation
Community Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14797755

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary A Perkins

Mailing Address 8200 Dodge Street

City State Zip Code
Omaha NE 68114-4113

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

Name of Employer Occupation
Children's Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14797757

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 130
(check only one)

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

Mailing Address 300 North Columbia Avenue

City State Zip Code
Seward NE 68434-2228

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

Name of Employer Occupation
Memorial Health Care Systems 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 1 / 2 9 / 2 0 0 7

Transaction ID: 14797759

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address P O Box 1990

City State Zip Code
Kearney NE 68848-1990

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

Name of Employer Occupation
Good Samaritan Health Systems 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 1 / 2 9 / 2 0 0 7

Transaction ID: 14797767

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Glenn A Fosdick, , FACHE

Mailing Address 987400 Nebraska Medical Center

City State Zip Code
Omaha NE 68198-7400

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

Name of Employer Occupation
Nebraska 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 1 / 2 9 / 2 0 0 7

Transaction ID: 14797783

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 65 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Earl N Sheehy

Mailing Address P O Box 185

City State Zip Code
Wahoo NE 68066-0185

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2007

Transaction ID: 14797787

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Todd Sorensen, M.D.

Mailing Address 4021 Avenue 'B'

City State Zip Code
Scottsbluff NE 69361-4602

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

Name of Employer Occupation
Regional West Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2007

Transaction ID: 14797829

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Michal Regunberg

Mailing Address 449 Franklin Street

City State Zip Code
Cambridge MA 02139-3168

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

Name of Employer Occupation
Massachusetts Hospital Association Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2007

Transaction ID: 14797830

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 130
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Arnold R. Thomas, Jr. Mailing Address 700 Mustang Drive City State Zip Code Bismarck ND 58503-8204 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 14798335 Amount of Each Receipt this Period 250.00
	Name of Employer North Dakota Healthcare Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	
B.	Full Name (Last, First, Middle Initial) Mr. Douglas G. Vang Mailing Address 502 Harwood Drive City State Zip Code Fargo ND 58104-6276 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 14798347 Amount of Each Receipt this Period 250.00
	Name of Employer MeritCare Health System Occupation Senior Executive of Strategy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Mr. John E. Callender Mailing Address 2743 Elginfield Road City State Zip Code Upper Arlington OH 43220-4247 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 14798359 Amount of Each Receipt this Period 100.00
	Name of Employer Ohio Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00	

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 130
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 55 Hospital Drive

City Athens State OH Zip Code 45701-2302

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

Name of Employer O'Bleness Memorial Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 14798412

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 101 East Wood Street

City Spartanburg State SC Zip Code 29303-3016

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 14798414

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 129 North Washington Street

City Sumter State SC Zip Code 29150-4983

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 14798415

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 3000 St Matthews Road

City State Zip Code
Orangeburg SC 29118-1442

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

Name of Employer: Regional Medical Center of Orangeburg
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 30 / 2007
Transaction ID: 14798416
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. J. Wallace Davies, MD

Mailing Address 800 North Fant Street

City State Zip Code
Anderson SC 29621-5793

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

Name of Employer: AnMed Health Rehabilitation Hospital
Occupation: Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 30 / 2007
Transaction ID: 14798417
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1325 Spring Street

City State Zip Code
Greenwood SC 29646-3860

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

Name of Employer: Self Regional Healthcare
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 11 / 30 / 2007
Transaction ID: 14798423
 Amount of Each Receipt this Period: 1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Joe D Howell

Mailing Address 143 Lemaster Road

City State Zip Code
Gaffney SC 29341-4903

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

Name of Employer Occupation
Upstate Carolina Medical Center CEO

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

Date of Receipt

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

Transaction ID: 14798424

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

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

Name of Employer Occupation
South Carolina Hospital Association President & CEO

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 375.05

Date of Receipt

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

Transaction ID: 14798426

Amount of Each Receipt this Period

201.95

C.

Full Name (Last, First, Middle Initial)
Mr William T Manson

Mailing Address 800 North Fant Street

City State Zip Code
Anderson SC 29621-5793

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

Name of Employer Occupation
AnMed Health Medical Center Executive Vice President

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

Date of Receipt

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

Transaction ID: 14798428

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

701.95

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 130
(check only one)

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

Mailing Address 809 82nd Parkway

City State Zip Code
Myrtle Beach SC 29572-4611

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

Name of Employer Occupation
Grand Strand Regional Medical Center Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14798538

Amount of Each Receipt this Period
502.50

B.

Full Name (Last, First, Middle Initial)
Mr. Charles C. Thornton, Jr., CPA

Mailing Address Post Office Box 1486

City State Zip Code
Anderson SC 29622-1486

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

Name of Employer Occupation
AnMed Health Medical Center Trustee

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

Date of Receipt

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

Transaction ID: 14799231

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Paul Rutledge, FACHE

Mailing Address 110 Winners Circle
First Floor

City State Zip Code
Brentwood TN 37027-5070

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

Name of Employer Occupation
HCA President

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

Date of Receipt

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

Transaction ID: 14800432

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1752.50

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 71 / 130

(check only one)

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

Mailing Address 2021 Carothers Road

City State Zip Code
Franklin TN 37067-5822

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

Name of Employer Occupation
Williamson 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
1	1	/	3	0	/	2	0	0	7

Transaction ID: 14800434

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms Terry Murphy

Mailing Address 640 South State Street

City State Zip Code
Dover DE 19901-3597

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

Name of Employer Occupation
Bayhealth Medical Center Executive Vice President and Chief Op

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

Date of Receipt

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

Transaction ID: 14802414

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Bonnie Perratto

Mailing Address 6 Derbyshire Ct.

City State Zip Code
Dover DE 19904-5746

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

Name of Employer Occupation
Bayhealth Medical Center Sr.VP/Chief Nurse Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: 14802416

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) ▶

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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 72 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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. Deborah L. Watson	Date of Receipt MM / DD / YYYY 11 / 29 / 2007
	Mailing Address 77 Brynberry Court	Transaction ID: 14802417
	City State Zip Code Magnolia DE 19962-1596	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bayhealth Medical Center	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Terry W Andrus	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 414 N. 10th Street	Transaction ID: 14807815
	City State Zip Code Opelika AL 36801-5452	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 President	
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. Gregory Nichols	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 22136 Veterans Memorial Pkwy	Transaction ID: 14807816
	City State Zip Code Lafayette AL 36862-3022	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 Assistant Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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: PAGE 73 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<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. Wayne H. Poe

Mailing Address 4293 Al Hwy. 169

City State Zip Code
Opelika AL 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: 11 / 27 / 2007
Transaction ID: 14807817
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Christopher Clark

Mailing Address 13045 Sawyer Drive

City State Zip Code
Opelika AL 36801

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 27 / 2007
Transaction ID: 14807818
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Lisenby

Mailing Address 807 Laurel Street

City State Zip Code
Opelika AL 36801-3519

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

Name of Employer: East Alabama Medical Center
Occupation: Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 27 / 2007
Transaction ID: 14807819
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 74 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr John T Chittom

Mailing Address 229 Lee Road

City State Zip Code
Auburn AL 36802-3201

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

Name of Employer Occupation
East Alabama Medical Center Assistant Vice President Information S

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

Date of Receipt

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

Transaction ID: 14808245

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ken Lott

Mailing Address 1567 Oak Hill Circle

City State Zip Code
Auburn AL 36832-6798

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

Name of Employer Occupation
East Alabama Medical Center Vice President, Operations

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

Date of Receipt

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

Transaction ID: 14808246

Amount of Each Receipt this Period

1000.00

C.

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 Occupation
East Alabama Medical Center Vice President, Finance

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

Date of Receipt

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

Transaction ID: 14808247

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 75 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
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: 11 / 27 / 2007
Transaction ID: 14808248
 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: 11 / 27 / 2007
Transaction ID: 14808249
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. W. Russell Tyner

Mailing Address 2844 Vestavia Forest Drive

City State Zip Code
Vestavia Hills AL 35216-2540

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

Name of Employer: Medical West
Occupation: President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 27 / 2007
Transaction ID: 14808250
 Amount of Each Receipt this Period: 500.00

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: PAGE 76 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 109 Ocala Drive

City State Zip Code
Montgomery AL 36117-6964

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 14808251

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Rosemary Blackmon

Mailing Address 547 Le Grand Place

City State Zip Code
Montgomery AL 36106-1825

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

Name of Employer Alabama Hospital Association
Occupation Vice President of Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14808252

Amount of Each Receipt this Period
250.00

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

Mailing Address 1612 Salisbury Place

City State Zip Code
Montgomery AL 36117-2562

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

Name of Employer Alabama Hospital Association
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 14808253

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 130

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. R. Thomas Cooper, III

Mailing Address 404 Paddock Lane

City State Zip Code
Montgomery AL 36109-4625

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

Name of Employer Occupation
Alabama Hospital Association Chief Financial Officer

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

Date of Receipt

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

Transaction ID: 14808254

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Mindy Burdick

Mailing Address 701 Keeneland Way

City State Zip Code
Montgomery AL 36109-4664

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

Name of Employer Occupation
Baptist Medical Center East Administrator

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

Date of Receipt

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

Transaction ID: 14808255

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1798 Ogletree Road

City State Zip Code
Auburn AL 36830-7258

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

Name of Employer Occupation
East Alabama Medical Center Vice President

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

Date of Receipt

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

Transaction ID: 14808260

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: PAGE 78 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<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. Glenn A. Reed, Esq.
Mailing Address 191 Peachtree Street

City State Zip Code
Atlanta GA 30309-3905

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

Name of Employer King & Spalding Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 14812162

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Donna P. Bergeson
Mailing Address 1938 Grist Stone Court

City State Zip Code
Atlanta GA 30307-1186

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

Name of Employer Alston & Bird, LLP Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 14812163

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Edwin E Dahlberg
Mailing Address 2342 S. Swallowtail Lane

City State Zip Code
Boise ID 83706-6127

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

Name of Employer St. Luke's Health System Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: 14812679

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 79 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
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 Occupation
Mercy 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 1 / 3 0 / 2 0 0 7

Transaction ID: 14812680

Amount of Each Receipt this Period
500.00

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

Mailing Address 1055 North Curtis Road

City State Zip Code
Boise ID 83706-1352

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

Name of Employer Occupation
Saint Alphonsus Regional Medical Centre 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 1 / 3 0 / 2 0 0 7

Transaction ID: 14812681

Amount of Each Receipt this Period
500.00

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

Mailing Address 700 South Main Street

City State Zip Code
Moscow ID 83843-3056

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

Name of Employer Occupation
Gritman 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 1 / 3 0 / 2 0 0 7

Transaction ID: 14812682

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. 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 Occupation
Kootenai 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 1 / 3 0 / 2 0 0 7

Transaction ID: 14812683

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Victoria A Alexander

Mailing Address P O Box 700

City State Zip Code
Salmon ID 83467-0700

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

Name of Employer Occupation
Steele Memorial 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 1 / 3 0 / 2 0 0 7

Transaction ID: 14812684

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven A. Millard

Mailing Address 615 N. 7th Street

City State Zip Code
Eagle ID 83702-5502

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

Name of Employer Occupation
Idaho Hospital Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14812685

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Patrick M Hermanson, , FACHE

Mailing Address 651 Memorial Drive

City State Zip Code
Pocatello ID 83201-4071

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

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

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

Date of Receipt

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

Transaction ID: 14812686

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Geri Garten

Mailing Address HCR 85 Box 289

City State Zip Code
Bonners Ferry ID 83805-9612

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

Name of Employer Occupation
Boundary Community Hospital Director of Nursing

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

Date of Receipt

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

Transaction ID: 14812687

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sheryl Rickard

Mailing Address Box 1448

City State Zip Code
Sandpoint ID 83864-0877

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

Name of Employer Occupation
Bonner General Hospital Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14812688

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Craig A Johnson

Mailing Address 6640 Kaniksu Street

City State Zip Code
Bonners Ferry ID 83805-7532

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

Name of Employer Boundary Community Hospital Occupation Chief Executive Officer and Chief Financial Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14812689

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Gary L. Fletcher

Mailing Address 1249 Harcourt Drive

City State Zip Code
Boise ID 83702-1839

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

Name of Employer St. Luke's Regional Medical Center Occupation Chief Executive Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14812690

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Tom Legel

Mailing Address 2003 Lincoln Way

City State Zip Code
Coeur D' Alene ID 83814-2677

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

Name of Employer Kootenai Medical Center Occupation Vice President and Chief Financial Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14812691

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 130

(check only one)

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

Mailing Address 120 East Howard Street

City State Zip Code
Driggs ID 83422-5112

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

Name of Employer Occupation
Teton Valley Hospital and Surgicenter Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 14812704

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr Kenneth L Harman

Mailing Address 528 Teton Drive

City State Zip Code
Burley ID 83318-2850

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

Name of Employer Occupation
Cassia Regional Medical Center Director

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

Date of Receipt

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

Transaction ID: 14812705

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Terry Sinclair, M.D.

Mailing Address P O Box 3340

City State Zip Code
Winchester VA 22604-1334

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

Name of Employer Occupation
Winchester Medical Center Senior Vice President Medical Staff Af

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 14822217

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. W Scott Burnett		Date of Receipt
	Mailing Address 512 Binford Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	South Hill	VA	23970-1510
	FEC ID number of contributing federal political committee. C		Transaction ID: 14822252
Name of Employer Community Memorial Health-center		Occupation Chief Executive Officer 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"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. William W. Semones		Date of Receipt
	Mailing Address 2109 Link Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Lynchburg	VA	24503-3031
	FEC ID number of contributing federal political committee. C		Transaction ID: 14822261
Name of Employer Centra Health		Occupation 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"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Edward G Murphy, , M.D.		Date of Receipt
	Mailing Address P O Box 13367		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Roanoke	VA	24033-3367
	FEC ID number of contributing federal political committee. C		Transaction ID: 14822818
Name of Employer Carilion Health System		Occupation President and Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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 85 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 506 A East Howell Avenue

City State Zip Code
Alexandria VA 22301

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

Name of Employer American Hospital Association-Washingt
Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: PR1034595119794

Amount of Each Receipt this Period 40.00

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 ▼ 900.00

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

Transaction ID: PR1045726219794

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 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 ▼ 237.50

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

Transaction ID: PR1113464219794

Amount of Each Receipt this Period 25.00

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

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

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 Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 / /

Transaction ID: PR1125613619794

Amount of Each Receipt this Period 40.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Davon Gray

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 Legislative Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.27

Date of Receipt
 / /

Transaction ID: PR1143013019794

Amount of Each Receipt this Period 21.74

P/R Deduction (\$10.86 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Michelle Marie Mathy

Mailing Address 1660 Lanier Place NW Apt. 309

City Washington State DC Zip Code 20009-2947

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

Name of Employer American Hospital Association-Washingt Occupation Project Manager/PAC Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 / /

Transaction ID: PR1300853719794

Amount of Each Receipt this Period 20.84

P/R Deduction (\$10.34 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **82.58**

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 87 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

B.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR1339349919794
	City Chicago State IL Zip Code 60606-3436	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 1380.00	P/R Deduction (\$60.00 Bi-Weekly)

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

SUBTOTAL of Receipts This Page (optional)	189.24
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. James Wadzinski	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR1347703419794
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 26.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Chicago Occupation VP, Operations and Account Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.72	P/R Deduction (\$13.12 Bi-Weekly)

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

C.	Full Name (Last, First, Middle Initial) Ms. Susan Gergely	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR1347791019794
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 26.32
	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 ▼ 223.72	P/R Deduction (\$13.12 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	102.64
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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 Vice President Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR327629119794
 Amount of Each Receipt this Period 90.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City Lake Barrington State IL Zip Code 60010-1939

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

Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR327727319794
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 11004 Petersborough

City Rockville State MD Zip Code 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 ▼ 900.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR327745919794
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 90 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 122 N. Greenwood Ave.	Transaction ID: PR327771619794
	City State Zip Code Park Ridge IL 60068-3227	Amount of Each Receipt this Period 26.32
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$13.12 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Senior Staff Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 223.72	

B.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR327777219794
	City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 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 ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin	Transaction ID: PR327777819794
	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 (\$10.00 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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	71.32
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 91 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR327801719794

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 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 ▼
1135.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR327812019794

Amount of Each Receipt this Period
80.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Meetings & Travel Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR327846219794

Amount of Each Receipt this Period
19.24

P/R Deduction (\$9.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **149.24**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<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. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

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

Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: PR327851919794

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

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

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Executive Director, AHAPAC

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00

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

Transaction ID: PR327858019794

Amount of Each Receipt this Period
80.00

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

C.

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

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 913.29

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

Transaction ID: PR327877819794

Amount of Each Receipt this Period
86.98

P/R Deduction (\$43.22 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

216.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 / /

Transaction ID: PR327895719794

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

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

Name of Employer American Hospital Association-Chicago Occupation VP, Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 / /

Transaction ID: PR328094119794

Amount of Each Receipt this Period 25.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 / /

Transaction ID: PR328132819794

Amount of Each Receipt this Period 90.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 130
(check only one)

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

Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

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

Name of Employer American Hospital Association-Chicago
Occupation Sr. Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR328136919794

Amount of Each Receipt this Period
100.00

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

B.

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

Mailing Address 5545 N. Wayne

City State Zip Code
Chicago IL 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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR328223819794

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

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

Mailing Address 13106 Vingle Lane

City State Zip Code
Silver Spring MD 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 ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR328224919794

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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 95 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 325 Seventh Street, NW Suite 700	Transaction ID: PR328260919794
	City Washington State DC Zip Code 20004-2818	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Hospital Association-Washingt Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Bi-Weekly)

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

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

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 96 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor

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, Political Action & Grassroot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 / /

Transaction ID: PR328341819794

Amount of Each Receipt this Period 80.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.27

Date of Receipt
 / /

Transaction ID: PR328490119794

Amount of Each Receipt this Period 21.74

P/R Deduction (\$10.86 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

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

Name of Employer American Hospital Association-Chicago
Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1142.40

Date of Receipt
 / /

Transaction ID: PR328511819794

Amount of Each Receipt this Period 95.20

P/R Deduction (\$47.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **196.94**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 130						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 909 N. Madison St.	Transaction ID: PR328512019794
	City State Zip Code Arlington VA 22205-1655	Amount of Each Receipt this Period 40.00
	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 ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address One North Franklin Street	Transaction ID: PR329013419794
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 50.00
	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 ▼ 450.00	P/R Deduction (\$25.00 Bi-Weekly)

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

SUBTOTAL of Receipts This Page (optional)	190.00
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 98 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ms. Robyn Cooke</p> <p>Mailing Address 325 Seventh Street, NW Suite 700</p> <p>City State Zip Code Washington DC 20004-2818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Executive Br</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 456.54</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR329084419794</p> <p>Amount of Each Receipt this Period 43.48</p> <p>P/R Deduction (\$21.72 Bi-Weekly)</p>
--	--

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

<p>C. Full Name (Last, First, Middle Initial) Mr. John Evans</p> <p>Mailing Address One North Franklin Street</p> <p>City State Zip Code Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Hospital Association-Chicago Occupation CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR329342619794</p> <p>Amount of Each Receipt this Period 25.00</p> <p>P/R Deduction (\$12.50 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	168.48
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 99 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwel
Unit 1W

City Chicago State IL Zip Code 60626-3861

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR329654219794
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$12.50 Bi-Weekly)

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Executive Services Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR330343319794
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR330411619794
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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 100 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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

C.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell	Date of Receipt MM / DD / YYYY
	Mailing Address 530 North Lakeshore Drive Unit 2303	Transaction ID: PR330547719794
	City State Zip Code Chicago IL 60611-7424	Amount of Each Receipt this Period 40.00
	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, Strategic Planning 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)	170.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

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

Name of Employer American Hospital Association-Chicago
Occupation Vice President, Member Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR330549219794

Amount of Each Receipt this Period
40.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Walter J. Reiter

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 V.P., Advocacy & Member Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR330776119794

Amount of Each Receipt this Period
21.72

P/R Deduction (\$21.74 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

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

Name of Employer American Hospital Association-Washingt
Occupation Director, State Issues Forum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.82

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR331278819794

Amount of Each Receipt this Period
31.26

P/R Deduction (\$15.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **92.98**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave

City State Zip Code
Alexandria VA 22301-2402

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

Name of Employer American Hospital Association-Washingt
Occupation Director Advocacy and Public Policy Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.74

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

Transaction ID: PR331304219794

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.02 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jo Ann Webb

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 Director, Federal Relations & Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: PR331379119794

Amount of Each Receipt this Period 25.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
Washington DC 20004-2818

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: PR331386919794

Amount of Each Receipt this Period 25.00

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

SUBTOTAL of Receipts This Page (optional) ► 88.48

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 103 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<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. Alexander R. White, Jr.

Mailing Address PO Box 15587

City Austin State TX Zip Code 78761-5587

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

Name of Employer American Hospital Association Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1437.69

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

Transaction ID: PR331416019794

Amount of Each Receipt this Period 120.00

P/R Deduction (\$62.30 Bi-Weekly)

B.

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

Mailing Address 521 Great Falls Street

City Falls Church State VA Zip Code 22046-2613

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

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

Transaction ID: PR331533219794

Amount of Each Receipt this Period 80.00

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

C.

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

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

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

Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHRM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

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

Transaction ID: PR346168119794

Amount of Each Receipt this Period 41.66

P/R Deduction (\$20.91 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **241.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

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 Senior Director Executive Branch Relat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 921.60

Date of Receipt
 / /

Transaction ID: PR517619719794

Amount of Each Receipt this Period 78.40

P/R Deduction (\$39.20 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 South Royal Street

City Alexandria State VA Zip Code 22314-4142

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.26

Date of Receipt
 / /

Transaction ID: PR766023719794

Amount of Each Receipt this Period 38.48

P/R Deduction (\$57.50 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lisa Kidder Hrobsky

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 Senior Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 / /

Transaction ID: PR876637219794

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional) ► **136.88**

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

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

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

FOR LINE NUMBER: PAGE 105 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: PR936292319794

Amount of Each Receipt this Period
20.00

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

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

Mailing Address One N. Franklin Street

City Chicago State IL Zip Code 60606

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: PR939603919794

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **45.00**

TOTAL This Period (last page this line number only) ► **96312.03**

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 73000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 7

Transaction ID: 14724054

Amount of Each Receipt this Period
15000.00

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

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 156000.00

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

Transaction ID: 14729700

Amount of Each Receipt this Period
20000.00

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 130000.00

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

Transaction ID: 14730341

Amount of Each Receipt this Period
30000.00

SUBTOTAL of Receipts This Page (optional) ► 65000.00

TOTAL This Period (last page this line number only) ► 65000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.

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

Mailing Address 1400 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3873.71

Date of Receipt

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

Transaction ID: 14820722

Amount of Each Receipt this Period
429.06

Interest

SUBTOTAL of Receipts This Page (optional)	▶	429.06
TOTAL This Period (last page this line number only)	▶	429.06

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 130

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Ste. 001 <hr/> City Chicago State IL Zip Code 60679 <hr/> Purpose of Disbursement Merchant Fees Candidate Name	Transaction ID: 14820717 Date of Disbursement 11 / 01 / 2007
	Amount of Each Disbursement this Period 4.50
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Office Sought: House Senate President
 State: District:

Merchant Fees

B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Ste. 001 <hr/> City Chicago State IL Zip Code 60679 <hr/> Purpose of Disbursement Merchant Fees Candidate Name	Transaction ID: 14820719 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 49.42
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Office Sought: House Senate President
 State: District:

Merchant Fees

C. Full Name (Last, First, Middle Initial) Merchant Bankcard <hr/> Mailing Address 1601 Elm Street <hr/> City Dallas State TX Zip Code 75201 <hr/> Purpose of Disbursement Merchant Fees Candidate Name	Transaction ID: 14820720 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 80.03
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Office Sought: House Senate President
 State: District:

Merchant Fees

SUBTOTAL of Disbursements This Page (optional) ▶	133.95
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)

PAGE 109 / 130

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Merchant Bankcard <hr/> Mailing Address 1601 Elm Street <hr/> City Dallas State TX Zip Code 75201 <hr/> Purpose of Disbursement Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14820721 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 141.77
	Merchant Fees
	Category/ Type 001
B. Full Name (Last, First, Middle Initial) Citibank, F.S.B. <hr/> Mailing Address 1400 G Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14823171 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 85.70
	Bank Fee
	Category/ Type 001

SUBTOTAL of Disbursements This Page (optional) ►

227.47

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

361.42

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

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

FOR LINE NUMBER: (check only one)

<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) Robert Wexler For Congress Committee</p> <p>Mailing Address Post Office Box 810669</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Robert Wexler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745317</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745309</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Berman For Congress</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Howard L. Berman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745319</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</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

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

FOR LINE NUMBER: (check only one)

PAGE 111 / 130

<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)
TOMPAC-Together for Our Majority PAC

Mailing Address P.O. Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 14745306

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1500.00

2007 Contribution

B. Full Name (Last, First, Middle Initial)
Jo Bonner For Congress Committee

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Bonner

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: AL District: 01

Transaction ID: 14745313

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Turner For Congress

Mailing Address 131 N. Ludlow Street Suite 317

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael R. Turner

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: OH District: 03

Transaction ID: 14745315

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Tom Feeney For Congress</p> <p>Mailing Address 1420 Alafaya Trail #103</p> <p>City Oviedo State FL Zip Code 32765</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</p> <p>State: FL District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745314</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc</p> <p>Mailing Address PO Box 2918</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Elizabeth Dole</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745308</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) The 13th Colony Leadership Committee, In</p> <p>Mailing Address PO Box 114</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745307</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>2007 Contribution</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends of Mark Warner <hr/> Mailing Address 201 N. Union Street Suite 350 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name Mark Warner Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14745318 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Poe For Congress <hr/> Mailing Address P.O. Box 14222 <hr/> City Humble State TX Zip Code 77347 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Ted Poe Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14745316 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Capuano For Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michael E. Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14745335 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 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) Committee To Re-Elect Nydia M. Velazquez To Congre Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement Contribution Candidate Name Rep. Nydia M. Velazquez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14745486 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Contribution

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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) Mike Ferguson for Congress	Transaction ID: 14745328 Date of Disbursement 11 / 12 / 2007
	Mailing Address 340 North Ave E Ste. 6	Amount of Each Disbursement this Period 1000.00
	City Cranford State NJ Zip Code 07016	
	Purpose of Disbursement Contribution Candidate Name Rep. Mike Ferguson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

C.	Full Name (Last, First, Middle Initial) Blumenauer For Congress	Transaction ID: 14745474 Date of Disbursement 11 / 12 / 2007
	Mailing Address 830 NE Holladay Suite 105	Amount of Each Disbursement this Period 500.00
	City Portland State OR Zip Code 97232	
	Purpose of Disbursement Contribution Candidate Name Rep. Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR 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: 14745475</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Contribution</p>
<p>B. 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>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745490</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Boozman For Congress</p> <p>Mailing Address PO Box 671</p> <p>City Rogers State AR Zip Code 72757</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John N. Boozman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745476</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dutch Ruppensberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City State Zip Code
Timonium MD 21093

Purpose of Disbursement
Contribution

Candidate Name
Rep. C.A. Dutch Ruppensberger

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 14745473
Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
HALPAC-Help America's Leaders PAC

Mailing Address 1155 21st Street, NW
Suite 300

City State Zip Code
Washington DC 20036

Purpose of Disbursement
2007 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 14745321
Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

C. Full Name (Last, First, Middle Initial)
Committee To Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City State Zip Code
Birmingham AL 35201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Artur Davis

Office Sought: House
 Senate
 President
State: AL District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 14745484
Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

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) Friends Of Jim Marshall Mailing Address 586 Orange Street City Macon State GA Zip Code 31201 Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14745479 Date of Disbursement 11 / 12 / 2007	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Contribution Candidate Name Rep. Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14745494 Date of Disbursement 11 / 12 / 2007	Amount of Each Disbursement this Period 1500.00 Contribution
C.	Full Name (Last, First, Middle Initial) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Contribution Candidate Name Rep. Thomas E. Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14821859 Date of Disbursement 11 / 12 / 2007	Amount of Each Disbursement this Period 500.00 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) Stephanie Herseth Sandlin for South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745332</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) To Organize a Majority PAC</p> <p>Mailing Address PO Box 752</p> <p>City Des Moines State IA Zip Code 50303</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745320</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2007 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bilirakis For Congress</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Gus Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745333</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Bob Casey for Senate Committee</p> <p>Mailing Address 607 14th Street NW #800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Mr. Bob Casey</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745492</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>2012 Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) David Davis Victory Fund</p> <p>Mailing Address 2016 Northwood Drive</p> <p>City Johnson City State TN Zip Code 37601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. David Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745481</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14745322</p> <p>Date of Disbursement 11 / 12 / 2007</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

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)
Dirigo PAC

Mailing Address P.O. Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Void of 4/07 check

Candidate Name

011
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 14757516
Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

-5000.00

Void of 4/07 check

B.

Full Name (Last, First, Middle Initial)
Keep Nick Rahall In Congress Committee

Mailing Address P O Box 64

City Beckley State WV Zip Code 25802

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nick J. Rahall, II

011
Category/
Type

Office Sought: House Senate President

State: WV District: 03

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 14757475
Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

3500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: House Senate President

State: TN District: 06

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 14757487
Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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)
Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Gordon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TN District: 06

Transaction ID: 14757488
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil English

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: 14757493
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Jim Bunning

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District:

Transaction ID: 14757439
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2010 Contribution

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee</p> <p>Mailing Address Post Office Box 2145</p> <p>City West Columbia State SC Zip Code 29171</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Joe Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 02</p>	<p>Transaction ID: 14757473 Date of Disbursement: 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Gingrey For Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Rep. Phil Gingrey, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11</p>	<p>Transaction ID: 14757492 Date of Disbursement: 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc</p> <p>Mailing Address PO Box 2918</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Sen. Elizabeth Dole</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:</p>	<p>Transaction ID: 14757489 Date of Disbursement: 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc Mailing Address PO Box 2918 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Contribution Candidate Name Sen. Elizabeth Dole Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14757490 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 4000.00 Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City Erlanger State KY Zip Code 41018 Purpose of Disbursement Contribution Candidate Name Rep. Geoffrey Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14757499 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 2000.00 Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) James Webb For Senate Mailing Address PO Box 17427 City Arlington State VA Zip Code 22216 Purpose of Disbursement 2012 Contribution Candidate Name Mr. James Webb Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14757432 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 1000.00 2012 Contribution	011 Category/ Type

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Friends of John Barrasso	Transaction ID: 14757484 Date of Disbursement 11 / 19 / 2007
	Mailing Address 6896 Casper Mountain Road	Amount of Each Disbursement this Period 5000.00
	City Caster State WY Zip Code 82601	
	Purpose of Disbursement Contribution Candidate Name John Barrasso Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

B.	Full Name (Last, First, Middle Initial) Latta for Congress Committee	Transaction ID: 14757486 Date of Disbursement 11 / 19 / 2007
	Mailing Address 300 North Main Street	Amount of Each Disbursement this Period 1500.00
	City Bowling Green State OH Zip Code 43402	
	Purpose of Disbursement Contribution Candidate Name Bob Latta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05 Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Special General	011 Category/ Type Contribution

C.	Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Transaction ID: 14800442 Date of Disbursement 11 / 19 / 2007
	Mailing Address PO Box 999	Amount of Each Disbursement this Period 1000.00
	City Montross State VA Zip Code 22520	
	Purpose of Disbursement Contribution Candidate Name Mr. Rob Wittman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01 Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Special General	011 Category/ Type Contribution

SUBTOTAL of Disbursements This Page (optional)	7500.00
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) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement Contribution Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14800707 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey Mailing Address 525 Washington St City Wausau State WI Zip Code 54402 Purpose of Disbursement Contribution Candidate Name Rep. David R. Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14800704 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis Mailing Address 5956 W. Race Avenue City Chicago State IL Zip Code 60644 Purpose of Disbursement Contribution Candidate Name Rep. Danny K. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14800751 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 2000.00 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

<p>A. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA 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: 14800705 Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.</p> <p>Mailing Address P.O. Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steven R. Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14802287 Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committee for a Progressive Congress</p> <p>Mailing Address 555 New Jersey Avenue, NW, Suite 2</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14801638 Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>2007 Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) RED PAC Mailing Address 437-B New Jersey Ave., SE City Washington State DC Zip Code 20003 Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14801409 Date of Disbursement: 11 / 29 / 2007 Amount of Each Disbursement this Period 1000.00 011 Category/ Type 2007 Contribution	
B.	Full Name (Last, First, Middle Initial) Gillibrand For Congress Mailing Address P.O. Box 1279 City Hudson State NY Zip Code 12534 Purpose of Disbursement Contribution Candidate Name Kirsten Gillibrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14801900 Date of Disbursement: 11 / 29 / 2007 Amount of Each Disbursement this Period 1000.00 011 Category/ Type Contribution	
C.	Full Name (Last, First, Middle Initial) Perlmutter For Congress Mailing Address 3440 Youngfield St #264 City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement Contribution Candidate Name Mr. Edwin Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14802349 Date of Disbursement: 11 / 29 / 2007 Amount of Each Disbursement this Period 2500.00 011 Category/ Type Contribution	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 14824347 Date of Disbursement 11 / 30 / 2007
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period -2000.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement Void of 10/07 Check	011 Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 10/07 Check

B.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 14824349 Date of Disbursement 11 / 30 / 2007
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period -500.00
	City Las Vegas State NV Zip Code 89121	
	Purpose of Disbursement Void of 10/07 Check	011 Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void of 10/07 Check

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

SUBTOTAL of Disbursements This Page (optional)	-5000.00
TOTAL This Period (last page this line number only)	70000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Fund for Political Education	Transaction ID: 14810929 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
	Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004 Purpose of Disbursement Transfer to Administrative Account Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 250.00 Transfer to Administrative Account	
B. Full Name (Last, First, Middle Initial) Fund for Political Education	Transaction ID: 14810930 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004 Purpose of Disbursement Transfer to Administrative Account Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 325.00 Transfer to Administrative Account	

SUBTOTAL of Disbursements This Page (optional) ▶

575.00

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

575.00