

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 07 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 09 20 2006

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

Office Use Only								
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FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		941820.56
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	964398.56									
(c) Total Receipts (from Line 19)	126571.16	701738.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1090969.72	1643558.76								
7. Total Disbursements (from Line 31)	145860.87	698449.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	945108.85	945108.85								
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	49300.19	244182.11
(i) Itemized (use Schedule A)	40932.64	128556.03
(ii) Unitemized	90232.83	372738.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6666.00
(c) Other Political Committees (such as PACs)	0.00	90232.83
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	90232.83	379404.14
12. Transfers From Affiliated/Other Party Committees	36000.00	318500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	338.33	2334.06
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))	126571.16	701738.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	126571.16	701738.20

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8647.83	19308.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8647.83	19308.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101713.00	644001.00
24. Independent Expenditure (use Schedule E)	35000.04	35000.04
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	140.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	140.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	145860.87	698449.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	145860.87	698449.91

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)	90232.83	379404.14
34. Total Contribution Refunds (from Line 28(d))	500.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89732.83	379264.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8647.83	19308.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8647.83	19308.87

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. AZHHA Political Action Committee (Federal)		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006
Mailing Address 2901 North Central Avenue Suite 900		Transaction ID: 12686741
City State Zip Code Phoenix AZ 85012	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C C00217687		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17500.00	

Full Name (Last, First, Middle Initial) B. Texas Hospital Association HOSPAC - Federal		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006
Mailing Address P.O. Box 15587		Transaction ID: 12770715
City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period 6000.00	
FEC ID number of contributing federal political committee. C C00301325		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 67000.00	

Full Name (Last, First, Middle Initial) C. New York Hospital & Healthcare Assoc. FED PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2006
Mailing Address One Empire Drive		Transaction ID: 12771138
City State Zip Code Rensselaer NY 12144	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C C00160259		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40000.00	

SUBTOTAL of Receipts This Page (optional) ▶	26000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	6

Transaction ID: 12791495

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	36000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Robert L. Shircliff		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 2104 Rudy Lane		Transaction ID: 12772832	
City State Zip Code Louisville KY 40207-1204		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jewish Hospital & St. Mary's HealthCare		Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Thomas E Wilhelmsen, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address P O Box 2014		Transaction ID: 12772839	
City State Zip Code Nashua NH 03061-2014		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Southern New Hampshire Medical Center		Occupation President and Chief Executive Officer	
Receipt For: <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. Henry D Lipman		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 80 Highland Street		Transaction ID: 12772840	
City State Zip Code Laconia NH 03246-3298		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer LRG Healthcare		Occupation Executive Vice President and Chief Fin	
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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Peter L Gosline		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 452 Old Street Road		Transaction ID: 12772841
City State Zip Code Peterborough NH 03458-1295	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Monadnock Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Bruce King		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 273 County Road		Transaction ID: 12772842
City State Zip Code New London NH 03257-5736	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New London Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Claire L Bowen		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 243 Elm Street		Transaction ID: 12772843
City State Zip Code Claremont NH 03743-2099	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Regional Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 93						
	(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. Karen O Moore, , R.N., MS

Mailing Address 164 High Street

City State Zip Code
Greenfield MA 01301-2613

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

Name of Employer Franklin Medical Center Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: 12772846

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Jacqueline L. Gonzalez

Mailing Address 12350 S.W. 106th Street

City State Zip Code
Miami FL 33186-3703

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

Name of Employer Miami Children's Hospital Occupation Vice President, Patient Care Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: 12772847

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Doug Bentz

Mailing Address 200 Hospital Drive

City State Zip Code
Spencer WV 25276-1050

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

Name of Employer Roane General Hospital Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: 12772848

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Thomas J Corder		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address P O Box 718		Transaction ID: 12772849
City Parkersburg	State WV	Zip Code 26102-0718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Camden-Clark Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ms. Sandra Elza		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address P O Box 720		Transaction ID: 12772854
City Ripley	State WV	Zip Code 25271-0720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jackson General Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. J. Thomas Jones, CHE		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 3106 N. Greystone Drive		Transaction ID: 12772855
City Morgantown	State WV	Zip Code 26508-8601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Virginia United Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael A King		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address P O Box 718		Transaction ID: 12772856	
City Parkersburg	State WV	Amount of Each Receipt this Period 250.00	
Zip Code 26102-0718			
FEC ID number of contributing federal political committee. C			
Name of Employer Camden-Clark Memorial Hospital	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Howard Neiberg, M.D.		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 1388 National Road #3		Transaction ID: 12772859	
City Wheeling	State WV	Amount of Each Receipt this Period 250.00	
Zip Code 26003-5715			
FEC ID number of contributing federal political committee. C			
Name of Employer Reynolds Memorial Hospital	Occupation Director, Radiology Department		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Ali Rahimian, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 114 Allison Avenue		Transaction ID: 12772860	
City Bridgeport	State WV	Amount of Each Receipt this Period 250.00	
Zip Code 26330-2502			
FEC ID number of contributing federal political committee. C			
Name of Employer United Hospital Center	Occupation Director, Obstetrics & Gynecology		
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael G Sellards

Mailing Address 2900 First Avenue

City State Zip Code
Huntington WV 25702-1241

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

Name of Employer Occupation
St. Mary's Medical Center President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 12772861

Amount of Each Receipt this Period
500.00

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

Mailing Address 800 Wheeling Avenue

City State Zip Code
Glen Dale WV 26038-1660

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

Name of Employer Occupation
Reynolds Memorial Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 12772862

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Steven J. Summer

Mailing Address 7335 East Orchard Road Suite 100

City State Zip Code
Greenwood Village CO 80111-2582

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

Name of Employer Occupation
Colorado Health & Hospital Association President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2006

Transaction ID: 12772863

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Timothy M. Callaghan		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 14006 West 73rd Street		Transaction ID: 12780198
City State Zip Code Shawnee KS 66216-3794	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Luke's Northland Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald E. Kalicak		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 160 Hunters Pointe Drive		Transaction ID: 12781817
City State Zip Code Saint Charles MO 63304-7129	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. John's Mercy Health Care	Occupation Director, Planning & Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Lowell C. Kruse, FACHE		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 7300 SE 75th Road		Transaction ID: 12782370
City State Zip Code Saint Joseph MO 64507-8073	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Roy G Vinyard		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 2650 Siskiyou Blvd, Suite 200		Transaction ID: 12788316
City State Zip Code Medford OR 97504-8170	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Asante Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Andrew S. Davidson		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 4000 Kruse Way Place		Transaction ID: 12788317
City State Zip Code Lake Oswego OR 97035-5545	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oregon Association of Hospitals & Health	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Gwen Dayton		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 12781 SW Terraview Drive		Transaction ID: 12788319
City State Zip Code Tigard OR 97224-0703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oregon Association of Hospitals & Health	Occupation Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Kevin Earls		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 963 Parkway Drive NW		Transaction ID: 12788320	
City State Zip Code Salem OR 97304-3673	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oregon Association of Hospitals & Health Care	Occupation Vice President, Finance & Health Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Milton D Bourgeois, Jr.		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 4608 Highway 1		Transaction ID: 12788971	
City State Zip Code Raceland LA 70394-2623	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Anne General Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Sonia Christian		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1001 Gause Boulevard		Transaction ID: 12788972	
City State Zip Code Slidell LA 70458-2939	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Slidell Memorial Hospital	Occupation CIO		
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) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bill Davis Mailing Address 1001 Gause Boulevard City State Zip Code Slidell LA 70458-2939 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006 Transaction ID: 12788974 Amount of Each Receipt this Period 250.00
Name of Employer Slidell Memorial Hospital Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, CHE Mailing Address P O Box 95009 City State Zip Code Baton Rouge LA 70895-9009 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006 Transaction ID: 12788977 Amount of Each Receipt this Period 500.00
Name of Employer Woman's Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Mr. Sam Fulton Mailing Address 1020 Fertitta Boulevard City State Zip Code Leesville LA 71446-4649 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006 Transaction ID: 12788980 Amount of Each Receipt this Period 250.00
Name of Employer Byrd Regional Hospital Occupation Assistant Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Robert L Hawley, Jr., FACHE		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1001 Gause Boulevard		Transaction ID: 12788982	
City State Zip Code Slidell LA 70458-2987	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Slidell Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Roger C LeDoux		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1020 Fertitta Boulevard		Transaction ID: 12788986	
City State Zip Code Leesville LA 71446-4697	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Byrd Regional Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. John A. Matessino		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 9521 Brookline Avenue		Transaction ID: 12788987	
City State Zip Code Baton Rouge LA 70809-8409	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Louisiana Hospital Association	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Gary Muller		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1101 Medical Center Boulevard		Transaction ID: 12788989	
City State Zip Code Marrero LA 70072-3147	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer West Jefferson Medical Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mrs. Cindy J Rogers, FACHE		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address P O Box 1901		Transaction ID: 12789134	
City State Zip Code Monroe LA 71210-1901	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Patrick's Psychiatric Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Elton L Williams, Jr., CPA,		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address P O Drawer 'M'		Transaction ID: 12789145	
City State Zip Code Lake Charles LA 70602	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lake Charles Memorial Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Steve Worley		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 200 Henry Clay Avenue		Transaction ID: 12789146	
City State Zip Code New Orleans LA 70118-5798	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Stephen F Wright		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 3330 Masonic Drive		Transaction ID: 12789147	
City State Zip Code Alexandria LA 71301-3899	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Christus St. Frances Cabrini Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Elizabeth Brown		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 2 Oriole Terrace		Transaction ID: 12789148	
City State Zip Code Sparta NJ 07871-1305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Newton Memorial Hospital	Occupation Trustee		
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) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Chris Carle		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 238 Barnes Road		Transaction ID: 12790095
City State Zip Code Williamstown KY 41097-9460	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Elizabeth Medical Center-Grant Cou	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Marc Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 565 Village Drive		Transaction ID: 12790100
City State Zip Code Edgewood KY 41017-3253	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Elizabeth Medical Center-Grant Cou	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Terrance M. Burns		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 75 Drew Court		Transaction ID: 12790259
City State Zip Code Springboro OH 45066-8693	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Grandview Hospital and Medical Center	Occupation Vice President, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Mary L. Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 205 Fallis Road		Transaction ID: 12790264
City Columbus	State OH	Zip Code 43214-3770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio Hospital Association	Occupation Vice President & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. G Douglas Higginbotham		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address P O Box 607		Transaction ID: 12795759
City Laurel	State MS	Zip Code 39441-0607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer South Central Regional Medical Center	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Jason Little		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006
Mailing Address P O Box 1307		Transaction ID: 12795762
City Columbus	State MS	Zip Code 39703-1307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Baptist Memorial Hospital-Golden Trian	Occupation Administrator and Chief Executive Offi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	925.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Eddie L. Foster		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 116 Woodgreen Crossing		Transaction ID: 12795763
City State Zip Code Madison MS 39110-4522	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mississippi Hospital Association	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Mr. Sam W. Cameron		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 28 Waterford Place		Transaction ID: 12795782
City State Zip Code Jackson MS 39211-2945	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mississippi Hospital Association	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Mr. Andrew Mayo		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address 5241 Boswell Road		Transaction ID: 12795798
City State Zip Code Memphis TN 38120-1511	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Parkwood Behavioral Health System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jim Ainsworth		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 350 North Humphreys Boulevard		Transaction ID: 12795799	
City State Zip Code Memphis TN 38120-2177	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Memorial Health Care Corporati	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Kurt W Metzner		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1225 North State Street		Transaction ID: 12795812	
City State Zip Code Jackson MS 39202-2064	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mississippi Baptist Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. John 'Jack' Cleary		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1030 River Oaks Drive		Transaction ID: 12795813	
City State Zip Code Jackson MS 39232-9729	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer River Oaks Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Al Sypniewski		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 100 Hospital Street		Transaction ID: 12795816	
City State Zip Code Booneville MS 38829-3359	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Memorial Hospital-Booneville	Occupation Administrator and Chief Executive Offi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Ms. Sherry J Pitts		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address P O Box 4546		Transaction ID: 12796011	
City State Zip Code Jackson MS 39296-4546	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Woman's Hospital at River Oaks	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Belinda Brown Cooper		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 121 Clear Creek Road		Transaction ID: 12800637	
City State Zip Code Langhorne PA 19047-2306	Amount of Each Receipt this Period 15.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Assoc-iation	Occupation Vice President, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	515.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Al Maghazehe

Mailing Address 750 Brunswick Avenue

City State Zip Code
Trenton NJ 08638-4143

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

Name of Employer Capital Health System Occupation 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
07 / 28 / 2006

Transaction ID: 12800647

Amount of Each Receipt this Period
1500.00

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

Mailing Address 17 Brookshire Drive

City State Zip Code
Robbinsville NJ 08691-2554

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

Name of Employer New Jersey Hospital Association Occupation Vice President & General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: 12800659

Amount of Each Receipt this Period
15.00

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

Mailing Address 41 Manitto Place

City State Zip Code
Oceanport NJ 07757-1510

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

Name of Employer New Jersey Hospital Association Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: 12800660

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **1530.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David P. Lavins		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 10 Fox Chase Road		Transaction ID: 12800677	
City State Zip Code Malvern PA 19355-3441		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Association		Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Ms. Stephanie L Bloom		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 1140 Route 72 West		Transaction ID: 12800730	
City State Zip Code Manahawkin NJ 08050-2499		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Ocean County Hospital		Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Sean J. Hopkins		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006	
Mailing Address 6180 Lower Mountain Road		Transaction ID: 12800731	
City State Zip Code New Hope PA 18938-5760		Amount of Each Receipt this Period 35.42	
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Association		Occupation Sr. VP., Health Economics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.34	

SUBTOTAL of Receipts This Page (optional) ▶	300.42
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Ellen Atkins		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 50 Grandview Place		Transaction ID: 12800740
City State Zip Code North Caldwell NJ 07006-4709	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Newark Beth Israel Medical Center	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Chester B Kaletkowski		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 23 Winding Way		Transaction ID: 12800750
City State Zip Code Mullica Hill NJ 08062-2511	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Jersey Healthcare Regional Medic	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Paul A Mertz		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 201 Lyons Avenue		Transaction ID: 12800753
City State Zip Code Newark NJ 07112-2027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Newark Bethi Isreal Medical Center	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Frank J Bartell, III

Mailing Address 5901 Monclova Road

City State Zip Code
Maumee OH 43537-1899

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

Name of Employer St. Luke's Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12803500

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Roy G Chew, Ph.D.

Mailing Address 405 Grand Avenue

City State Zip Code
Dayton OH 45405-4720

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

Name of Employer Grandview Hospital and Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12803501

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter J. King

Mailing Address 1317 Observatory Drive

City State Zip Code
Cincinnati OH 45208-2503

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

Name of Employer Grandview Hospital and Medical Center
Occupation Vice President, Finance & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12803502

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Ronald Klein		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 647 E Street, Rt. 73		Transaction ID: 12803503
City State Zip Code Springboro OH 45066	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kettering Medical Center-Network	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Fred M Manchur		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 3535 Southern Boulevard		Transaction ID: 12803504
City State Zip Code Kettering OH 45429-1298	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charles F. Kettering Memorial Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Francisco J Perez, FACHE		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006
Mailing Address 3965 Southern Boulevard		Transaction ID: 12803505
City State Zip Code Dayton OH 45429-1229	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kettering Medical Center-Network	Occupation Network 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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Thomas A. Selden		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 8140 Creekside Trace		Transaction ID: 12803506
City State Zip Code Broadview Heights OH 44147-1365	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cleveland Clinic Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Troy A. Tyner, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 1181 Grand Portage Trail		Transaction ID: 12803507
City State Zip Code Beavercreek OH 45385	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Grandview Medical Center	Occupation Interim V.P. Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Michelle Waggoner		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 224 West Townline Street		Transaction ID: 12803508
City State Zip Code Payne OH 45880-9432	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Memorial Hospital	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Russell Wetherell		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 405 Grand Avenue		Transaction ID: 12803509	
City State Zip Code Dayton OH 45405-4796	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Grandview Hospital and Medical Center	Occupation Vice President Finance and Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Shawn Smothers		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 317 First Avenue, NW P. O. Box 697		Transaction ID: 12805758	
City State Zip Code Kenmare ND 58746-7104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Trinity Health	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Michelle Waggoner		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 224 West Townline Street		Transaction ID: 12818762	
City State Zip Code Payne OH 45880-9432	Amount of Each Receipt this Period 6.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Community Memorial Hospital	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.25		

SUBTOTAL of Receipts This Page (optional) ▶	756.25
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Mary Beth Savary-Taylor		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: 12818789	
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 Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Anil Godbole, MD., S.C.		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8 Timberline Lane		Transaction ID: 12818790	
City State Zip Code Riverwoods IL 60015-2443	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advocate Bethany Hospital	Occupation Chairman, Dept. of Psychiatry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. George Gerlach		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 345 Tenth Avenue		Transaction ID: 12820135	
City State Zip Code Granite Falls MN 56241-1499	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Granite Falls Municipal Hospital and M	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. James F Hanko		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1300 Anne Street NW		Transaction ID: 12820145	
City State Zip Code Bemidji MN 56601-5103	Amount of Each Receipt this Period 45.45		
FEC ID number of contributing federal political committee. C			
Name of Employer North Country Regional Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.95		

Full Name (Last, First, Middle Initial) B. Mr. David K Wessner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 6500 Excelsior Boulevard		Transaction ID: 12820153	
City State Zip Code Saint Louis Park MN 55426-4702	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Park Nicollet Health Services	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Lawrence J Massa		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 301 Becker Avenue SW		Transaction ID: 12820155	
City State Zip Code Willmar MN 56201-3395	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rice Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	795.45
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 415 North Jefferson Street

City State Zip Code
Wadena MN 56482-1297

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

Name of Employer Occupation
Tri-County Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 12820158

Amount of Each Receipt this Period
125.00

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

Mailing Address 901 South Bond Street Suite 540

City State Zip Code
Baltimore MD 21231-3305

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

Name of Employer Occupation
Johns Hopkins Hospital VP, Gov't, Community and Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 12820276

Amount of Each Receipt this Period
500.00

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

Mailing Address 600 North Wolfe Street

City State Zip Code
Baltimore MD 21287-2182

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

Name of Employer Occupation
Johns Hopkins Hospital Director Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: 12820283

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James J Xinis		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 100 Hospital Road		Transaction ID: 12820286
City Prince Frederick State MD Zip Code 20678-9675	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Calvert Memorial Hospital Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Ms. Jacquelyn Harms, R.N.		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address P O Box 1207		Transaction ID: 12823720
City Durant State OK Zip Code 74702-1207	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center of Southeastern Oklahom Occupation Chief Executive Officer	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. James D Moore, FACHE		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 1201 Health Center Parkway		Transaction ID: 12823723
City Yukon State OK Zip Code 73099-6392	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer INTEGRIS Canadian Valley Regional Hosp Occupation Chief Executive Officer and Administra	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John T Porter		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address P O Box 38		Transaction ID: 12824180	
City Yankton	State SD	Amount of Each Receipt this Period 125.00	
Zip Code 57078-0038			
FEC ID number of contributing federal political committee. C			
Name of Employer Avera Health	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Dr. Terence Pladson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 1406 Sixth Avenue North		Transaction ID: 12824182	
City Saint Cloud	State MN	Amount of Each Receipt this Period 500.00	
Zip Code 56303-1900			
FEC ID number of contributing federal political committee. C			
Name of Employer CentraCare Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Alan L. Goldbloom, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 2525 Chicago Avenue South		Transaction ID: 12824183	
City Minneapolis	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55404-4518			
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospitals and Clinics of Mi	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) ▶	875.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. James F Hanko		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 1300 Anne Street NW		Transaction ID: 12824187	
City State Zip Code Bemidji MN 56601-5103	Amount of Each Receipt this Period 45.45		
FEC ID number of contributing federal political committee. C			
Name of Employer North Country Regional Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.40		

Full Name (Last, First, Middle Initial) B. Mr. Thomas Crowley		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 1200 Grant Boulevard West		Transaction ID: 12824188	
City State Zip Code Wabasha MN 55981-1098	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saint Elizabeth's Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Steve Perkins		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 305 East Luverne Street		Transaction ID: 12824189	
City State Zip Code Luverne MN 56156-1611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sioux Valley Luverne Hospital	Occupation Board Chair		
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) ▶	420.45
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Alan Grundeir		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1830 Peony Lane North		Transaction ID: 12824194	
City State Zip Code Plymouth MN 55447-2654		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Integrated Health Systems-Dairyland		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. David W Cress		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 3300 Oakdale Avenue North		Transaction ID: 12824200	
City State Zip Code Robbinsdale MN 55422-2926		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer North Memorial Health Care		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Rocklon B. Chapin		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 502 East Second Street		Transaction ID: 12824210	
City State Zip Code Duluth MN 55805-1982		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Miller-Dwan Medical Center		Occupation Vice President & COO	
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

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

Name of Employer Missouri Hospital Association
Occupation Sr. Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
777.84

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 12826370

Amount of Each Receipt this Period
111.12

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

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
777.84

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 12826382

Amount of Each Receipt this Period
111.12

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

Mailing Address 2900 West Picket Post Street

City State Zip Code
Columbia MO 65203-9581

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

Name of Employer University of Missouri Health Care
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 12826609

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	722.24
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Edward Andersen		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 100 East LeFevre Road		Transaction ID: 12849417
City State Zip Code Sterling IL 61081-1279	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CGH Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel E Baker		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 800 NE Glen Oak Avenue		Transaction ID: 12849419
City State Zip Code Peoria IL 61603-3200	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OSF Healthcare System	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Brad Billings		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 722 Eagle Trace		Transaction ID: 12849421
City State Zip Code Quincy IL 62305-6201	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Blessing Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Deborah Brantner		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1013 Twisted Oak Court		Transaction ID: 12849422	
City State Zip Code Algonquin IL 60102-2055	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Centegra Northern Illinois Medical Cen	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Leo F Childers, Jr., FACHE		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 605 North 12th Street		Transaction ID: 12849424	
City State Zip Code Mount Vernon IL 62864-2899	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Good Samaritan Regional Health Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael S Eesley		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 527 West South Street		Transaction ID: 12849427	
City State Zip Code McHenry IL 60051-8660	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Centegra Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 43 / 93
	(check only one)	
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Richard B Floyd		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 934 Center Street		Transaction ID: 12849429	
City State Zip Code Elgin IL 60120-2198	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sherman Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. David S. Fox		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 3815 Highland Avenue		Transaction ID: 12849430	
City State Zip Code Downers Grove IL 60515-1500	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central DuPage Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Van A Hanover		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 801 S Milwaukee Avenue		Transaction ID: 12849433	
City State Zip Code Libertyville IL 60048-3199	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Condell Medical Center	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Forrest G Hester		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address Post Office Box 569		Transaction ID: 12849435	
City State Zip Code Lincoln IL 62656-0569	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Abraham Lincoln Memorial Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Barbara Johnson		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address One North Franklin		Transaction ID: 12849436	
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Director, Executive Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. John Jurica		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 325 Rock Creek Drive		Transaction ID: 12849439	
City State Zip Code Manteno IL 60950-3470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Riverside Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Maureen Kahn

Mailing Address 812 Springlake Drive

City State Zip Code
Quincy IL 62301

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

Name of Employer Occupation
Blessing Hospital Director of Nursing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850601

Amount of Each Receipt this Period
245.00

B. Full Name (Last, First, Middle Initial)
Ms. Colleen Kannaday, FACHE

Mailing Address 12935 South Gregory Street

City State Zip Code
Blue Island IL 60406-2428

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

Name of Employer Occupation
St. Francis Hospital & Health Center President

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850604

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert W Kay

Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

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

Name of Employer Occupation
Memorial Health System Senior Vice President and Chief Financial Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850605

Amount of Each Receipt this Period
260.00

SUBTOTAL of Receipts This Page (optional)	▶	1005.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, DPH		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1025 Glenview Road		Transaction ID: 12850608	
City State Zip Code Glenview IL 60025-3134	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rehabilitation Institute of Chicago	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Ms. Barbara Martin		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1324 North Sheridan Road		Transaction ID: 12850610	
City State Zip Code Waukegan IL 60085-2161	Amount of Each Receipt this Period 357.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Vista Health-Saint Therese Medical Cen	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 857.50		

C. Full Name (Last, First, Middle Initial) Ms. Mary Lou Mastro		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 852 West Street		Transaction ID: 12850612	
City State Zip Code Naperville IL 60540-6400	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Linden Oaks Hospital at Edward	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional) ▶	1182.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 93
	(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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Michael McKenna, M.D.		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 3815 Highland Avenue		Transaction ID: 12850614	
City State Zip Code Downers Grove IL 60515-1590	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advocate Good Samaritan Hospital	Occupation Vice President Medical Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Dennis C Millirons, CHE		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 801 S Milwaukee Avenue		Transaction ID: 12850616	
City State Zip Code Libertyville IL 60048-3204	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Condell Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Keith Allen Page		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 6800 State Route 162		Transaction ID: 12850617	
City State Zip Code Maryville IL 62062-8500	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Anderson Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark Parrington		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 527 West South Street		Transaction ID: 12850619
City State Zip Code Woodstock IL 60098-3756	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Centegra Health System	Occupation Sr Vice President Network Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Ernie W. Sadau		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 605 South Grant Street		Transaction ID: 12850621
City State Zip Code Hinsdale IL 60521-4453	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Adventist Health System Midwest Region	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. James M. Sanger		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 20 Clear Lake		Transaction ID: 12850622
City State Zip Code Centralia IL 62801-3720	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mary's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Connie L Schroeder		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 640 West Washington Street		Transaction ID: 12850623
City State Zip Code Pittsfield IL 62363-1350	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Illini Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Patricia Shehorn		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1225 Lake Street		Transaction ID: 12850624
City State Zip Code Melrose Park IL 60160-4000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Westlake Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Harry Wolin		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address P O Box 530		Transaction ID: 12850629
City State Zip Code Havana IL 62644-0530	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mason District Hospital	Occupation Administrator and Chief Executive Offi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Kathleen C Yosko		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address P O Box 795		Transaction ID: 12850631	
City State Zip Code Wheaton IL 60189-0795		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Marianjoy Rehabilitation Hospital		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 800 North Rutledge Street		Transaction ID: 12853049	
City State Zip Code Springfield IL 62781-0002		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Memorial Health System		Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

C. Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 640 West Washington Street		Transaction ID: 12864667	
City State Zip Code Pittsfield IL 62363-1350		Amount of Each Receipt this Period 2.50	
FEC ID number of contributing federal political committee. C			
Name of Employer Illini Community Hospital		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.50	

SUBTOTAL of Receipts This Page (optional)	262.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Elena Butkus		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1151 E. Warrenville Road		Transaction ID: 12865522	
City State Zip Code Naperville IL 60563-9339		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.50	

Full Name (Last, First, Middle Initial) B. Mr. Mark Deaton		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 740 North Hayes		Transaction ID: 12865527	
City State Zip Code Oak Park IL 60302-1706		Amount of Each Receipt this Period 250.02	
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association		Occupation Sr. VP, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 258.35	

Full Name (Last, First, Middle Initial) C. Ms. Nancy DeMarco		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1151 East Warrenville Road		Transaction ID: 12865528	
City State Zip Code Naperville IL 60563-9339		Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association		Occupation Director of Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.50	

SUBTOTAL of Receipts This Page (optional) ▶	1000.02
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 93
	<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 Foster		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		Transaction ID: 12865538	
City Naperville State IL Zip Code 60563-9339	Amount of Each Receipt this Period 250.02		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 258.36		

B. Full Name (Last, First, Middle Initial) Ms. Ann C. Guild		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		Transaction ID: 12865541	
City Naperville State IL Zip Code 60563-9339	Amount of Each Receipt this Period 250.02		
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Assistant Vice President Aggregate Year-to-Date ▼ 258.35		

C. Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1755 Maple Lane		Transaction ID: 12865545	
City Wheaton State IL Zip Code 60187-3317	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central DuPage Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.04
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Teresa Hursey		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 1151 East Warrenville Road		Transaction ID: 12865546	
City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.50		

Full Name (Last, First, Middle Initial) B. Ms. Patricia Merryweather-Arges		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 1151 E. Warrenville Road PO Box 3015		Transaction ID: 12865551	
City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.50		

Full Name (Last, First, Middle Initial) C. Mr. Howard A. Peters, III		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 4109 Southwoods Road		Transaction ID: 12865554	
City Springfield	State IL	Zip Code 62707-6070	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.50		

SUBTOTAL of Receipts This Page (optional) ▶	1125.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Kenneth C. Robbins		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 1531 Maria Court		Transaction ID: 12865558
City State Zip Code Wheaton IL 60187-3777	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Illinois Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.50	

Full Name (Last, First, Middle Initial) B. Sr. M. Therese Gottschalk		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address Post Office Box 4753		Transaction ID: 12868877
City State Zip Code Tulsa OK 74159-0753	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. John Medical Center	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. B. Joe Gunn		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006
Mailing Address Post Office Box 326		Transaction ID: 12868879
City State Zip Code Vinita OK 74301-0326	Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Craig General Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address P O Box 727

City State Zip Code
Alva OK 73717-0727

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

Name of Employer Occupation
Share 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
07 / 11 / 2006

Transaction ID: 12868887

Amount of Each Receipt this Period
250.00

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

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6520

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

Name of Employer Occupation
St. John 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
07 / 11 / 2006

Transaction ID: 12868888

Amount of Each Receipt this Period
500.00

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

Mailing Address 10-B Auburn Court

City State Zip Code
Alexandria VA 22305-2924

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

Name of Employer Occupation
American Hospital Association-Washingt Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR1034595117274

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)	790.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Melinda Reid Hatton		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR1045726217274
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation VP & Chief Washington Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

Full Name (Last, First, Middle Initial) B. Ms. Sohini Jindal		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 325 Seventh Street, NW		Transaction ID: PR1125613617274
City State Zip Code Washington DC 20004-2818	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-Washingt	Occupation Senior Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 107 East Lane		Transaction ID: PR327727317274
City State Zip Code Lake Barrington IL 60010-1939	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 Vice President, PMGs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745917274	
Mailing Address 11004 Petersborough		Amount of Each Receipt this Period 80.00	
City State Zip Code Rockville MD 20852-3249	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Director, Grassroots Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327801717274	
Mailing Address 1003 Kimberly Place		Amount of Each Receipt this Period 40.00	
City State Zip Code Great Falls VA 22066-1546	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327812017274	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 40.00	
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	160.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Richard J. Davidson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327942117274
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation President	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Barbara Lorschach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136917274
Mailing Address 204 South 7th Avenue		Amount of Each Receipt this Period 80.00
City La Grange State IL Zip Code 60525-6406	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Donna J. Melkonian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223817274
Mailing Address 5545 N. Wayne		Amount of Each Receipt this Period 40.00
City Chicago State IL Zip Code 60640-1318	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	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224817274	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00	
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 Regional Executive	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

B. Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224917274	
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 80.00	
City Silver Spring State MD Zip Code 20906	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

C. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260917274	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 160.00	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Executive Vice President	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$80.00 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional) ▶	320.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade Mailing Address 1221 Cavalier Road City State Zip Code Arnold MD 21012-2126 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310417274 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen Mailing Address 1001 N. Potomac St. City State Zip Code Arlington VA 22205-1629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312717274 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

C. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341817274 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511817274	
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 95.20	
City Yardley	State PA	Zip Code 19067-5736	P/R Deduction (\$47.60 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.20	
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 ▼ 438.00		

Full Name (Last, First, Middle Initial) B. Ms. Alicia N. Mitchell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512017274	
Mailing Address 909 N. Madison St.		Amount of Each Receipt this Period 40.00	
City Arlington	State VA	Zip Code 22205-1655	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00	
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Ms. Anne E. Ubl		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328767017274	
Mailing Address 801 Pennsylvania Ave, NW #245		Amount of Each Receipt this Period 80.00	
City Washington	State DC	Zip Code 20004-2615	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00	
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	215.20
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 93
	<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. Tama Mattocks		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330273417274
Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20004-2818	P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475417274
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 80.00
City Apple Valley State MN Zip Code 55124-9229	P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330524817274
Mailing Address 195 Oxford Court		Amount of Each Receipt this Period 80.00
City Alamo State CA Zip Code 94507-1753	P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago Occupation Senior Vice President	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Jennifer E. Mallard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330534317274
Mailing Address 6109 North 9th Road		Amount of Each Receipt this Period 40.00
City State Zip Code Arlington VA 22205-1609	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547717274
Mailing Address 530 North Lakeshore Drive Unit 2303		Amount of Each Receipt this Period 40.00
City State Zip Code Chicago IL 60611-7424	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549217274
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.00
City State Zip Code Chicago IL 60606-3436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Walter J. Reiter		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR330776117274	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 43.48		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation V.P., Advocacy & Member Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.88		P/R Deduction (\$21.74 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Alexander R. White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO Box 15587		Transaction ID: PR331416017274	
City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period _____ 83.32		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association	Occupation AHA Regional Executive for TX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 624.90		P/R Deduction (\$41.66 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mr. Donald May		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 521 Great Falls Street		Transaction ID: PR331533217274	
City State Zip Code Falls Church VA 22046-2613	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 Vice President, Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 580.00		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 206.80
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 67 / 93	
	(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. Kristin Welsh

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 Sr. Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: PR517619717274

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	49300.19

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2334.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

Transaction ID: 12865562

Amount of Each Receipt this Period
338.33

Bank Interest

SUBTOTAL of Receipts This Page (optional)	▶	338.33
TOTAL This Period (last page this line number only)	▶	338.33

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 69 / 93

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 12865565 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address Ste. 001		Amount of Each Disbursement this Period 89.90
City Chicago State IL Zip Code 60679	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Merchant Bankcard		Transaction ID: 12865563 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 117.42
City Dallas State TX Zip Code 75201	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. National Research, Inc.		Transaction ID: 12790447 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 146 State Highway 34 Suite 250		Amount of Each Disbursement this Period 13300.00
City Holmdel State NJ Zip Code 07733	Polling, portion inkind to Shays. See line 23.	
Purpose of Disbursement Polling, portion inkind to Shays. See l Candidate Name		005 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	13507.32
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 12865566 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address Ste. 001		Amount of Each Disbursement this Period 40.15
City Chicago State IL Zip Code 60679	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Citibank, F.S.B.		Transaction ID: 12865564 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 88.36
City Washington State DC Zip Code 20005	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. National Research, Inc.		Transaction ID: 12881732 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 146 State Highway 34 Suite 250		Amount of Each Disbursement this Period -4988.00
City Holmdel State NJ Zip Code 07733	Inkind to C. Shays CT-4, See line 23.	
Purpose of Disbursement Inkind to C. Shays CT-4, See line 23. Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	-4859.49
TOTAL This Period (last page this line number only) ▶	8647.83

**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)
Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven R. Rothman

Office Sought: House
 Senate
 President
State: NJ District: 9

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 12790415
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

B. Full Name (Last, First, Middle Initial)
Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 12790375
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

C. Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund

Mailing Address 818 Connecticut Avenue, NW
Suite 1100

City Washington State DC Zip Code 20009

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 12780347
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2006 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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mary Bono Committee		Transaction ID: 12780358 Date of Disbursement 07 / 13 / 2006
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1500.00 Contribution
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 45		

Full Name (Last, First, Middle Initial) B. Mary Bono Committee		Transaction ID: 12780366 Date of Disbursement 07 / 13 / 2006
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00 Contribution
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 45		

Full Name (Last, First, Middle Initial) C. Jd Hayworth For Congress		Transaction ID: 12790394 Date of Disbursement 07 / 13 / 2006
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00 Contribution
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. J.D. Hayworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 5		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Nita Lowey For Congress		Transaction ID: 12790434 Date of Disbursement 07 / 13 / 2006	
Mailing Address PO Box 271		Amount of Each Disbursement this Period 1000.00	
City White Plains	State NY	Zip Code 10605	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Nita M. Lowey			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 18			

Full Name (Last, First, Middle Initial) B. Nita Lowey For Congress		Transaction ID: 12790444 Date of Disbursement 07 / 13 / 2006	
Mailing Address PO Box 271		Amount of Each Disbursement this Period 2000.00	
City White Plains	State NY	Zip Code 10605	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Nita M. Lowey			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 18			

Full Name (Last, First, Middle Initial) C. Castle Campaign Fund		Transaction ID: 12780384 Date of Disbursement 07 / 13 / 2006	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 1000.00	
City Wilmington	State DE	Zip Code 19899	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Michael N. Castle			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: DE District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. People With Hart Inc		Transaction ID: 12790361 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00 Contribution
City Wexford State PA Zip Code 15090	Purpose of Disbursement Contribution Candidate Name Rep. Melissa A. Hart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 4	
Category/Type 011		
State: PA District: 4		

Full Name (Last, First, Middle Initial) B. John D. Dingell For Congress Committee		Transaction ID: 12790416 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	
Category/Type 011		
State: MI District: 15		

Full Name (Last, First, Middle Initial) C. John D. Dingell For Congress Committee		Transaction ID: 12790422 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	
Category/Type 011		
State: MI District: 15		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Congressman Bart Gordon Committee		Transaction ID: 12790406 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Friends Of John Boehner		Transaction ID: 12790407 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 2500.00
City West Chester State OH Zip Code 45069	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Engel For Congress		Transaction ID: 12790428 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 462 California Road		Amount of Each Disbursement this Period 3000.00
City Bronxville State NY Zip Code 10708	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Eliot L. Engel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mike Ross For Congress Committee		Transaction ID: 12780393	
Mailing Address PO Box 360		Date of Disbursement 07 / 13 / 2006	
City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Michael A. Ross		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 4			

Full Name (Last, First, Middle Initial) B. Gingrey For Congress		Transaction ID: 12790404	
Mailing Address PO Box U		Date of Disbursement 07 / 13 / 2006	
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Phil Gingrey, M.D.		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 11			

Full Name (Last, First, Middle Initial) C. Tom Feeney For Congress		Transaction ID: 12780372	
Mailing Address 1420 Alafaya Trail #103		Date of Disbursement 07 / 13 / 2006	
City Oviedo	State FL	Zip Code 32765	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Tom Feeney		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 24			

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

Full Name (Last, First, Middle Initial) A. Scott Garrett For Congress		Transaction ID: 12790408 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 905		Amount of Each Disbursement this Period 1000.00
City Newton State NJ Zip Code 07860	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Scott Garrett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Pryor For Us Senate		Transaction ID: 12780351 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72203	2008 Contribution	
Purpose of Disbursement 2008 Contribution Candidate Name Sen. Mark L. Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 2		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Pat Roberts For Senate		Transaction ID: 12790459 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 433		Amount of Each Disbursement this Period 1000.00
City Great Bend State KS Zip Code 67530	2008 Contribution	
Purpose of Disbursement 2008 Contribution Candidate Name Sen. Pat Roberts Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 2		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

Full Name (Last, First, Middle Initial) A. Great Plains Leadership Fund		Transaction ID: 12790454 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: 12790466 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Deborah Pryce		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Reynolds For Congress		Transaction ID: 12790481 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 2375.00
City Rochester State NY Zip Code 14615	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Thomas M. Reynolds		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6875.00
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

Full Name (Last, First, Middle Initial) A. Reynolds For Congress		Transaction ID: 12790711 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 5000.00	
City Rochester State NY Zip Code 14615	Contribution		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Thomas M. Reynolds			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Mary Landrieu Inc		Transaction ID: 12790458 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 607 14th Street Nw Suite 800 Suite 1434		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20005	2008 Contribution		
Purpose of Disbursement 2008 Contribution			011 Category/ Type
Candidate Name Sen. Mary L. Landrieu			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brady For Congress		Transaction ID: 12790480 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 1000.00	
City The Woodlands State TX Zip Code 77387	Contribution		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Kevin Brady			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Rick Renzi For Congress		Transaction ID: 12790472	
Mailing Address P.O. Box 2383		Date of Disbursement 07 / 17 / 2006	
City Prescott	State AZ	Zip Code 86302	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Rick Renzi		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ District: 1			

Full Name (Last, First, Middle Initial) B. Friends Of Dave Reichert		Transaction ID: 12790473	
Mailing Address P. O. Box 53322		Date of Disbursement 07 / 17 / 2006	
City Bellevue	State WA	Zip Code 98015	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. David George Reichert		Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA District: 8			

Full Name (Last, First, Middle Initial) C. BRIDGE PAC		Transaction ID: 12790457	
Mailing Address 499 South Capitol St., SW Suite 114		Date of Disbursement 07 / 17 / 2006	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 Contribution		011 Category/ Type	
Candidate Name		2006 Contribution	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of George Allen		Transaction ID: 12790465 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1500.00 Contribution
City Arlington State VA Zip Code 22206	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. George F. Allen		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens For Rush		Transaction ID: 12790501 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P. O. Box 7292		Amount of Each Disbursement this Period 2000.00 Contribution
City Chicago State IL Zip Code 60680	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Bobby L. Rush		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Grassley Committee Inc		Transaction ID: 12790488 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 2000.00 2010 Contribution
City Des Moines State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement 2010 Contribution		
Candidate Name Sen. Charles E. Grassley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Davis For Congress/Friends Of Davis		Transaction ID: 12790554 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 5956 W. Race Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
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 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 7		
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Rush Holt For Congress		Transaction ID: 12790572 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 782		Amount of Each Disbursement this Period 1000.00 Contribution
City Pennington State NJ Zip Code 08534		
Purpose of Disbursement Contribution Candidate Name Rep. Rush D. Holt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 12		
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Moore For Congress		Transaction ID: 12790573 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address PO Box 16646		Amount of Each Disbursement this Period 1000.00 Contribution
City Milwaukee State WI Zip Code 53216		
Purpose of Disbursement Contribution Candidate Name Rep. Gwen Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 4		
Category/Type 011		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Roskam For Congress Committee		Transaction ID: 12790528 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address 423 W. Wesley Street		Amount of Each Disbursement this Period 5000.00 Contribution
City Wheaton State IL Zip Code 60189	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mr. Peter Roskam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Christopher Shays For Congress Committee		Transaction ID: 12881728 Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2006
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 4988.00 Inkind Contribution Polling Services
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement Inkind Contribution Polling Services		
Candidate Name Rep. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens To Elect Rick Larsen		Transaction ID: 12823357 Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2006
Mailing Address PO Box 326		Amount of Each Disbursement this Period 1000.00 Contribution
City Everett State WA Zip Code 98206	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Rick Larsen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10988.00
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

Full Name (Last, First, Middle Initial) A. Ike Skelton For Congress Committee		Transaction ID: 12823362 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address P.O. Box A		Amount of Each Disbursement this Period 2000.00 Contribution
City Harrisonville State MO Zip Code 64701	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Ike Skelton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mel Watt For Congress Committee		Transaction ID: 12823364 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 36831		Amount of Each Disbursement this Period 2500.00 Contribution
City Charlotte State NC Zip Code 28236	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Melvin L. Watt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Ron Paul		Transaction ID: 12823366 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 837 W Plantation Dr		Amount of Each Disbursement this Period 1000.00 Contribution
City Clute State TX Zip Code 77531	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Ronald Paul		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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

Full Name (Last, First, Middle Initial) A. John Shadeggs Friends		Transaction ID: 12823360 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 1500.00 Contribution
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 3		

Full Name (Last, First, Middle Initial) B. Goode For Congress		Transaction ID: 12823378 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 235 South Main Street		Amount of Each Disbursement this Period 2000.00 Contribution
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Virgil H. Goode, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 5		

Full Name (Last, First, Middle Initial) C. Becerra For Congress		Transaction ID: 12823376 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 2000.00 Contribution
City Los Angeles State CA Zip Code 90026	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Congressman Joe Barton Committee, The		Transaction ID: 12823369 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 250.00 Contribution
City Ennis State TX Zip Code 75120	Purpose of Disbursement Contribution Candidate Name Rep. Joe L. Barton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/ Type 011		

Full Name (Last, First, Middle Initial) B. Chet Edwards For Congress		Transaction ID: 12823373 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00 Contribution
City Waco State TX Zip Code 76702	Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/ Type 011		

Full Name (Last, First, Middle Initial) C. Rush Holt For Congress		Transaction ID: 12823365 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 782		Amount of Each Disbursement this Period 1000.00 Contribution
City Pennington State NJ Zip Code 08534	Purpose of Disbursement Contribution Candidate Name Rep. Rush D. Holt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement Contribution		
Category/ Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ben Chandler For Congress		Transaction ID: 12823361 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address P. O. Box 12678		Amount of Each Disbursement this Period 1000.00
City Lexington State KY Zip Code 40508	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Benjamin Chandler Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 6		

Full Name (Last, First, Middle Initial) B. Northstar Leadership PAC		Transaction ID: 12823356 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 4365		Amount of Each Disbursement this Period 3000.00
City St. Paul State MN Zip Code 55104	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. David Davis Victory Fund		Transaction ID: 12864408 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 2016 Northwood Drive		Amount of Each Disbursement this Period 2500.00
City Johnson City State TN Zip Code 37601	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. David Davis Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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

Full Name (Last, First, Middle Initial) A. Nancy Pelosi For Congress		Transaction ID: 12798393 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94104	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 8		011 Category/Type

Full Name (Last, First, Middle Initial) B. Jim Gerlach For Congress Committee		Transaction ID: 12798406 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address PO Box 87		Amount of Each Disbursement this Period 2500.00
City Uwchland State PA Zip Code 19480	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 6		011 Category/Type

Full Name (Last, First, Middle Initial) C. Regula For Congress Committee		Transaction ID: 12823386 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 228 S. Washington St. Ste. 115		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ralph Regula Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 16		011 Category/Type

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

Full Name (Last, First, Middle Initial) A. Stupak For Congress		Transaction ID: 12823399 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143		Amount of Each Disbursement this Period 1000.00
City Menominee State MI Zip Code 49858	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Bart Stupak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
011 Category/Type		

Full Name (Last, First, Middle Initial) B. Stupak For Congress		Transaction ID: 12823403 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143		Amount of Each Disbursement this Period 600.00
City Menominee State MI Zip Code 49858	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Bart Stupak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
011 Category/Type		

Full Name (Last, First, Middle Initial) C. Sweeney For Congress Inc		Transaction ID: 12823388 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 1000.00
City Clifton Park State NY Zip Code 12065	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John E. Sweeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
011 Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
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

Full Name (Last, First, Middle Initial) A. Dave Camp For Congress 2006		Transaction ID: 12823392 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 2000.00
City Midland State MI Zip Code 48640	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Dave Camp For Congress 2006		Transaction ID: 12864405 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 500.00
City Midland State MI Zip Code 48640	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Peter Hoekstra For Congress		Transaction ID: 12823395 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1454 Cimarron Drive		Amount of Each Disbursement this Period 1000.00
City Holland State MI Zip Code 49423	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Peter Hoekstra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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

Full Name (Last, First, Middle Initial) A. Longhorn PAC		Transaction ID: 12823383 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 228 S. Washington St. Suite B-20		Amount of Each Disbursement this Period 2000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 2006 Contribution	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Contribution	

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	101713.00

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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Bricker & Eckler PAC

Mailing Address 100 South Third Street

City Columbus State OH Zip Code

Purpose of Disbursement
Refund - Replaces previous refund check

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 12790641

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

500.00

Refund - Replaces previous
refund check

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER C C00106146
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Eagle Consulting Group

Mailing Address
300 North 2nd Street
Suite 430

City Harrisburg	State PA	Zip Code 17101
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Purpose of Expenditure Radio Production	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
Rep. Joe Schwarz, M.D.

Calendar Year-To-Date Per Election for Office Sought	35000.04
---	----------

Date
MM / DD / YYYY
07 / 28 / 2006

Amount
6184.66

Transaction ID: 12800886

Office Sought: House State: MI
 Senate District: 7
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Multi Media Services Corporation

Mailing Address
915 King Street
2nd Floor

City Alexandria	State VA	Zip Code 22314
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Purpose of Expenditure Radio Advertising	Category/ Type 004
---	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Joe Schwarz, M.D.

Calendar Year-To-Date Per Election for Office Sought	28815.38
---	----------

Date
MM / DD / YYYY
07 / 28 / 2006

Amount
28815.38

Transaction ID: 12800866

Office Sought: House State: MI
 Senate District: 7
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	35000.04
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	35000.04

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
Signature

Date MM / DD / YYYY
09 / 20 / 2006