

**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**

CITY

STATE

ZIP CODE

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

11

07

2006

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

10

01

2006

through

10

18

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

10

24

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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		941820.56
(b) Cash on Hand at Beginning of Reporting Period .....	917173.62	
(c) Total Receipts (from Line 19) .....	139705.33	1169224.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1056878.95	2111044.77
7. Total Disbursements (from Line 31) .....	117116.07	1171281.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	939762.88	939762.88
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
1 0D D  
1 8Y 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	80755.47	457421.75
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	38949.86	270997.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	119705.33	728419.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	6666.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	119705.33	735085.49
12. Transfers From Affiliated/Other Party Committees .....	20000.00	429568.00
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.) .....	0.00	3070.72
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)) .....	139705.33	1169224.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	139705.33	1169224.21

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	366.07	20344.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	366.07	20344.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	116750.00	1114897.82
24. Independent Expenditure (use Schedule E) .....	0.00	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	1040.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1040.00
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))..	117116.07	1171281.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	117116.07	1171281.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	119705.33	735085.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1040.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	119705.33	734045.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	366.07	20344.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	366.07	20344.03

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

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

FOR LINE NUMBER: PAGE 6 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Madeleine Roberson

Mailing Address 1719 East 19th Avenue

City State Zip Code  
 Denver CO 80218-1235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Presbyterian-St. Luke's  
Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13162968

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Julius D Spears, Jr.

Mailing Address 1150 Varnum Street NE

City State Zip Code  
 Washington DC 20017-2180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Providence Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13166356

Amount of Each Receipt this Period

1000.00

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

Mailing Address 189 Prouty Drive

City State Zip Code  
 Newport VT 05855-9820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Country Hospital and  
Health Cent

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224468

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas W Huebner

Mailing Address 160 Allen Street

City State Zip Code  
 Rutland VT 05701-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutland Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Melinda Estes, M.D.

Mailing Address 111 Colchester Avenue

City State Zip Code  
 Burlington VT 05401-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fletcher Allen Health Care

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Raymond T Hino

Mailing Address P O Box 1900

City State Zip Code  
 Tehachapi CA 93581-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tehachapi Valley Healthca-  
re District

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224477

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**

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FOR LINE NUMBER: PAGE 8 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard T Palmisano, II, R.N.

Mailing Address 71 Hospital Avenue

City State Zip Code  
 North Adams MA 01247-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Adams Regional Hospital

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick L. Muldoon

Mailing Address 100 Kenyon Avenue

City State Zip Code  
 Wakefield RI 02879-4299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance Hospitals

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224549

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David Borgert

Mailing Address 1406 Sixth Avenue North

City State Zip Code  
 Saint Cloud MN 56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraCare Health System

Occupation  
Government Relations Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 13224637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan Doherty

Mailing Address PO Box MC

City State Zip Code  
 Fargo ND 58122-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MeritCare Health System

Occupation  
Public Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13224643

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Parobek

Mailing Address 315 East Broadway

City State Zip Code  
 Louisville KY 40202-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gateway Rehabilitation Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13224656

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard F. Carrico

Mailing Address 2055 Eastern Parkway

City State Zip Code  
 Louisville KY 40204-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Healthcare

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13224658

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

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

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FOR LINE NUMBER: PAGE 10 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Kathy L English, , R.N. Mailing Address 8200 Dodge Street City State Zip Code Omaha NE 68114-4113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Children's Hospital Occupation Senior Vice President and Chief Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID: 13224719</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Butler, III Mailing Address 1476 Stonegate Lane City State Zip Code East Lansing MI 48823-2172 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sparrow Health System Occupation Vice Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID: 13225274</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael P. Kelly Mailing Address Post Office Box 71396 City State Zip Code Fairbanks AK 99707-1396 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Fairbanks 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			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6 <b>Transaction ID: 13225279</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 110

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg Lundstrom

Mailing Address 113 N. Third

City

Lindsborg

State

KS

Zip Code

67456-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lindsborg Community Hospi-  
tal

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13225317

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall Peterson

Mailing Address 3720 East Bayley

City

Wichita

State

KS

Zip Code

67218-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Via Christi Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13225318

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Brehm

Mailing Address 28 Fawnridge Drive

City

Long Valley

State

NJ

Zip Code

07853-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kessler Institute for Reh-  
abilitation

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13230825

Amount of Each Receipt this Period

325.00

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: PAGE 12 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mailing Address 121 Clear Creek Road

City State Zip Code  
Langhorne PA 19047-2306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: 13230833

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. Peter Daniels

Mailing Address 292 Pleasant Valley

City State Zip Code  
Morganville NJ 07751-4413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meridian Health

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13230836

Amount of Each Receipt this Period

125.00

**C.** 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 Assoc-  
iation

Occupation  
Vice President & General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: 13230837

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**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 13 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code  
Livingston NJ 07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: 13230838

Amount of Each Receipt this Period

25.00

**B.** 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 Assoc-  
iation

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: 13230839

Amount of Each Receipt this Period

15.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce M Gans, M.D.

Mailing Address 6 Amherst Road

City State Zip Code  
Chatham NJ 07928-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kessler Institute for Reh-  
abilitation

Occupation  
Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13230844

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**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 14 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alexander J. Hatala

Mailing Address 1 Lucas Court

City

Mt. Laurel

State

NJ

Zip Code

08103-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Our Lady of Lourdes Medic-  
al Center

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13230851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Aline M. Holmes

Mailing Address 19 Ashford Drive

City

Plainsboro

State

NJ

Zip Code

08536-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13230852

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.18

Date of Receipt

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

Transaction ID: 13230853

Amount of Each Receipt this Period

35.42

SUBTOTAL of Receipts This Page (optional) .....

1035.42

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: PAGE 15 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David P. Lavins  
Mailing Address 10 Fox Chase Road

City State Zip Code  
Malvern PA 19355-3441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: 13230860

Amount of Each Receipt this Period

15.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven G Littleton  
Mailing Address 85 Fair Haven Road

City State Zip Code  
Fair Haven NJ 07704-3342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jersey Shore University  
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  
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13230862

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gordon N. Litwin

Mailing Address 63 Border Place

City State Zip Code  
Little Silver NJ 07739-1726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meridian Health

Occupation  
Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13230863

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Marc Lory

Mailing Address 9 Tanya Circle

City	State	Zip Code
Ocean	NJ	07712-7920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian HealthOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13230865

Amount of Each Receipt this Period

250.00

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

Mr. George F Lynn

Mailing Address 2500 English Creek Ave, Bldg C

City	State	Zip Code
Egg Harbor Townshi	NJ	08234-5549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AtlantiCareOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13230866

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. John P McGee

Mailing Address 6 Old Mill Road

City	State	Zip Code
Holmdel	NJ	07733-2315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solaris Health SystemOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13230869

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: PAGE 17 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Phillips

Mailing Address 1863 Preakness Court

City State Zip Code  
Wall NJ 07719-3671

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Meridian Health

Occupation  
Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 13230874

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert P Wise

Mailing Address 17 Canterbury Lane

City State Zip Code  
Lebanon NJ 08833-3217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hunterdon Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13230905

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven A. Millard

Mailing Address 615 N. 7th Street

City State Zip Code  
Eagle ID 83702-5502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Idaho Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13298656

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 18 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Geri Garten  
Mailing Address HCR 85 Box 289

City State Zip Code  
Bonners Ferry ID 83805-9612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boundary Community Hospital

Occupation  
Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13298659

Amount of Each Receipt this Period

125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig A Johnson  
Mailing Address 411 Remington Ct.

City State Zip Code  
Sandpoint ID 83864-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boundary Community Hospital

Occupation  
Chief Executive Officer and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13298662

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John R. Denbo  
Mailing Address 803 Cambridge Drive

City State Zip Code  
Rolla MO 65401-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phelps County Regional Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300566

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**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 19 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael R. Dunaway  
Mailing Address 15081 Linden Lane

City State Zip Code  
Leawood KS 66224-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance of MidAmerica, The

Occupation  
Senior VP, Field Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300571

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Terry O'Rourke  
Mailing Address 5111 DTC Parkway

City State Zip Code  
Greenwood Village CO 80111-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centura Health

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13300580

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel P Moen  
Mailing Address 242 Green Street

City State Zip Code  
Gardner MA 01440-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heywood Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13300585

Amount of Each Receipt this Period

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: PAGE 20 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John O Wilhelm, Jr. Mailing Address 85 Herrick Street City State Zip Code Beverly MA 01915-1777 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Beverly Hospital 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 ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13300588</b> Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Normand E Deschene, , FACHE Mailing Address 295 Varnum Avenue City State Zip Code Lowell MA 01854-2134 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lowell General Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13300591</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City State Zip Code Westford MA 01886-2523 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lowell General Hospital Occupation Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13300593</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 21 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Jeffcote  
Mailing Address 295 Varnum Avenue

City State Zip Code  
Lowell MA 01854-2195

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lowell General Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300595

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert G Norton, , CHE  
Mailing Address 81 Highland Avenue

City State Zip Code  
Salem MA 01970-2768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Shore Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13300597

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Winfield Brown  
Mailing Address 49 Village View Road

City State Zip Code  
Westford MA 01886-2359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lowell General Hospital

Occupation  
Vice President, Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300599

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 22 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mailing Address 53n Hayes Road

City State Zip Code  
Tariffville CT 06081-9631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Health, Inc.

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300601

Amount of Each Receipt this Period

250.00

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

Mr. John Szum

Mailing Address 3 Windsor Road

City State Zip Code  
East Walpole MA 02032-1359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Group, Inc.

Occupation  
Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300603

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Steven F Bradley

Mailing Address 759 Chestnut Street

City State Zip Code  
Springfield MA 01199-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Health, Inc.

Occupation  
Vice President Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 13300609

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: PAGE 23 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Dennis W. Chalke

Mailing Address 80 Jonquil Lane

City State Zip Code  
 Longmeadow MA 01106-2240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baystate Medical Center

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300611

Amount of Each Receipt this Period

250.00

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

Ms. Karen Shine Nelson

Mailing Address 2 Stone Headge Drive

City State Zip Code  
 Wilmington MA 01887-3190

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Organization  
of Nurse Ex

Occupation  
Sr. Vice President, Clinical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300614

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Joseph White, III

Mailing Address 10 Lakeside Terrace

City State Zip Code  
 Westford MA 01886-1392

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lowell General Hospital

Occupation  
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300617

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: PAGE 24 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Dodwell  
Mailing Address Rural Route 1, Box 11

City State Zip Code  
Machias ME 04654-9758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Down East Community Hospi-  
tal

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 13300647

Amount of Each Receipt this Period

350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William G. Flynn  
Mailing Address 41 Shannon Way

City State Zip Code  
Lancaster MA 01523-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13300654

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edgar L. Lawrence  
Mailing Address 1309 Milldam Road

City State Zip Code  
Towson MD 21286-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 13302577

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 25 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Denise Matricciani Mailing Address 4423 Necker Avenue City Baltimore State MD Zip Code 21236-2968 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Maryland Hospital Association Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13302578</b> Amount of Each Receipt this Period 600.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Pegeen Townsend Mailing Address 225 Nckeon Road City Severna Park State MD Zip Code 21146 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Maryland Hospital Association Occupation Sr. Vice President, Legislative Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13302580</b> Amount of Each Receipt this Period 600.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Terry W Andrus Mailing Address 2000 Pepperell Parkway City Opelika State AL Zip Code 36801-5452 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer East Alabama Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID: 13302925</b> Amount of Each Receipt this Period 3000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4200.00

**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 26 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mailing Address 807 Laurel Street

City State Zip Code  
Opelika AL 36801-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302927

Amount of Each Receipt this Period

1000.00

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

Ms. Laura Grill

Mailing Address 2000 Pepperell Parkway

City State Zip Code  
Opelika AL 36801-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation  
Vice President, Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302933

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

Mr. John T Chittom

Mailing Address 2000 Pepperell Parkway

City State Zip Code  
Opelika AL 36802-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Cent-  
er

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302934

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 27 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ken Lott

Mailing Address 1567 Oak Hill Circle

City State Zip Code  
Auburn AL 36832-6798

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
East Alabama Medical Cent-  
er

Occupation  
Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302935

Amount of Each Receipt this Period

1000.00

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

Mr. Wayne H. Poe

Mailing Address 4293 Al Hwy. 169

City State Zip Code  
Opelika AL 36804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
East Alabama Medical Cent-  
er

Occupation  
Vice President & Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302936

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Janice Baker

Mailing Address 1798 Ogletree Road

City State Zip Code  
Auburn AL 36830-7258

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
East Alabama Medical Cent-  
er

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302937

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 28 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carey M. Owen  
Mailing Address 2520 Springwood Drive

City State Zip Code  
Auburn AL 36830-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Center

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302938

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Sam Price  
Mailing Address 2000 Pepperell Parkway

City State Zip Code  
Opelika AL 36802-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Alabama Medical Center

Occupation  
Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302949

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Frazer Rolen, Jr.  
Mailing Address 2204 Lakeshore Drive  
Suite 230

City State Zip Code  
Birmingham AL 35209-6729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Hospital Association

Occupation  
Sr. VP & Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302950

Amount of Each Receipt this Period

667.00

**SUBTOTAL** of Receipts This Page (optional) .....

2667.00

**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 29 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregg B. Everett  
Mailing Address 8224 Parkview Court

City State Zip Code  
Montgomery AL 36117-6964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
Sr. Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302951

Amount of Each Receipt this Period

504.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Danne J. Howard  
Mailing Address 1812 Woodmere Loop

City State Zip Code  
Montgomery AL 36117-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
VP, State Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302974

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. Thomas Cooper, III  
Mailing Address 404 Paddock Lane

City State Zip Code  
Montgomery AL 36109-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13302978

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1504.00

**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 30 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Rosemary Blackmon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 547 Le Grand Place		<b>Transaction ID:</b> 13302980
City Montgomery	State AL	Zip Code 36106-1825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 252.00
Name of Employer Alabama Hospital Association	Occupation Vice President of Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jane Knight		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1612 Salisbury Place		<b>Transaction ID:</b> 13302981
City Montgomery	State AL	Zip Code 36117-2562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alabama Hospital Association	Occupation Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Don Adams		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 419 Natural Resources Drive		<b>Transaction ID:</b> 13302983
City Little Rock	State AR	Zip Code 72205-1576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Arkansas Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**SUBTOTAL** of Receipts This Page (optional) .....

827.00

**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 31 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert R. Bash

Mailing Address 906 Woodlawn

City

Warren

State

AR

Zip Code

71671-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Booneville Community Hosp-  
ital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302984

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger M. Busfield

Mailing Address 419 Natural Resources Dr

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation

President Emeritus

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302985

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. David Cicero

Mailing Address P O Box 797

City

Camden

State

AR

Zip Code

71701-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ouachita Medical Center

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302986

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 32 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dean Davenport

Mailing Address Post Office Box 3667

City State Zip Code  
Little Rock AR 72203-3667

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ouachita Medical Center

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302987

Amount of Each Receipt this Period

325.00

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

Mr. Dan Gathright

Mailing Address 3050 Twin Rivers Drive

City State Zip Code  
Arkadelphia AR 71923-4299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health Medical Ce-  
nter-Arkadelp

Occupation  
Senior Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302988

Amount of Each Receipt this Period

325.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Russell D Harrington, Jr.

Mailing Address 9601 Interstate 630, Exit 7

City State Zip Code  
Little Rock AR 72205-7202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302989

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 33 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Beth Ingram

Mailing Address 419 Natural Resources Drive

City State Zip Code  
 Little Rock AR 72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302990

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Luther J Lewis, FACHE

Mailing Address P O Box 1998

City State Zip Code  
 El Dorado AR 71731-1998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of South  
Arkansas

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302991

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Drive

City State Zip Code  
 Little Rock AR 72205-1576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Hospital Associa-  
tion

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302992

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional) .....

975.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Raymond W Montgomery, II

Mailing Address 3214 East Race

City State Zip Code  
Searcy AR 72143-4810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
White County Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302993

Amount of Each Receipt this Period

325.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C Neal

Mailing Address P O Box 1905

City State Zip Code  
Stuttgart AR 72160-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stuttgart Regional Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302994

Amount of Each Receipt this Period

325.00

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

Mailing Address 895 West 6th Street

City State Zip Code  
Fort Smith AR 72958-7001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital of Scott County

Occupation  
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302995

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 110

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Scott Peek Mailing Address P O Box 639 City State Zip Code Danville AR 72833-0639 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Chambers Memorial Hospital Occupation Chief Executive Officer and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13302996</b> Amount of Each Receipt this Period 325.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ronald K Rooney Mailing Address P O Box 339 City State Zip Code Paragould AR 72451-0339 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Arkansas Methodist Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13302997</b> Amount of Each Receipt this Period 325.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Bo Ryall Mailing Address 419 Natural Resources Drive City State Zip Code Little Rock AR 72205-1576 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Arkansas Hospital Association Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13302998</b> Amount of Each Receipt this Period 325.00

**SUBTOTAL** of Receipts This Page (optional) .....**975.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 36 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Dr. Stephen Smart, DDS

Mailing Address 318 Thompson

City State Zip Code  
 El Dorado AR 71730-4569

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center of South  
Arkansas

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13302999

Amount of Each Receipt this Period

325.00

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

Mr. Doug Weeks

Mailing Address 9601 Interstate 630 Exit 7

City State Zip Code  
 Little Rock AR 72205-7299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health

Occupation  
Sr. Vice President & Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13303000

Amount of Each Receipt this Period

325.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Michael D. Helm

Mailing Address Post Office Box 17006

City State Zip Code  
 Fort Smith AR 72917-7006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sparks Regional Medical  
Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.10

Date of Receipt

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

Transaction ID: 13303001

Amount of Each Receipt this Period

203.10

**SUBTOTAL** of Receipts This Page (optional) .....

853.10

**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  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <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. Lee A Simpson, Jr.

Mailing Address 21 Bridgeway Road

City	State	Zip Code
North Little Rock	AR	72113-9514

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
BridgeWay, TheOccupation  
Chief Executive Officer and Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.10

Date of Receipt

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

Transaction ID: 13303002

Amount of Each Receipt this Period

203.10

Full Name (Last, First, Middle Initial)

**B.** Mr. Fred L Jackson

Mailing Address P O Box 151

City	State	Zip Code
Ashland	KY	41105-0151

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
King's Daughters Medical  
CenterOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13303157

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Ms. Connie Smith

Mailing Address P O Box 90010

City	State	Zip Code
Bowling Green	KY	42102-9010

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medical Center at Bowling  
Green, TheOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13303161

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1203.10

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Stephen P Dexter

Mailing Address 7 Stony Point

City State Zip Code  
 Charleston WV 25314-1663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Thomas Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13304431

Amount of Each Receipt this Period

1000.00

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

Mr. Bruce McClymonds

Mailing Address 1431 Mayfield Road

City State Zip Code  
 Morgantown WV 26505-5809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West Virginia University  
Hospitals

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13304706

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

Dr. John McKnight

Mailing Address 210 Rivercrest Drive

City State Zip Code  
 Morgantown WV 26508-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Monongalia General Hospital

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13304792

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dan Lauffer, , FACHE  
Mailing Address 1039 Pendleton Place

City State Zip Code  
Hurricane WV 25526-9484

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Francis Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13304793

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Ramsey  
Mailing Address 20 Wildacre Road

City State Zip Code  
Charleston WV 25314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charleston Area Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13304798

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Raymond V Ingham, , Ph.D.  
Mailing Address 217 East Drive

City State Zip Code  
Lebanon IN 46052-1221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Witham Memorial Hospital

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13304823

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ian G. Worden  
Mailing Address 10749 King's Mill Dr.

City State Zip Code  
Carmel IN 46032-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Indianapolis  
Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305063

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Vincent C. Caponi  
Mailing Address 8166 Darnley Court

City State Zip Code  
Indianapolis IN 46260-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Indianapolis  
Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305064

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jon D. Rahman, M.D.  
Mailing Address 418 Burlington Lane

City State Zip Code  
Carmel IN 46032-9162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Indianapolis  
Hospital

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305065

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 41 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David R Doerr  
Mailing Address 11200 S. State Rd 63

City State Zip Code  
Terre Haute IN 47802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305066

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kyle De Fur, , FACHE  
Mailing Address 1707 Mimosa Lane

City State Zip Code  
Anderson IN 46011-1134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint John's Health System

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305068

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerry Laue  
Mailing Address 4700 N. S.R. 59

City State Zip Code  
Brazil IN 47834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Clay Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305069

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 42 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jane Craigin Mailing Address 1154 E. Boulevard City Pine Village State IN Zip Code 47975-8053 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Vincent Williamsport 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		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID: 13305070</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Anne Coleman Mailing Address 6630 S. 850 E. City Zionsville State IN Zip Code 46077-9313 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Vincent Women's Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID: 13305071</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Michael C. Wiemann, M.D. Mailing Address 1814 N. 1100 E. City Sheridan State IN Zip Code 46069-9047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Vincent Indianapolis Hospital Occupation Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6 <b>Transaction ID: 13305072</b> 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: PAGE 43 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary A Fammartino  
Mailing Address 4213 W. 131st Street

City State Zip Code  
Westfield IN 46074-9603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Vincent Indianapolis  
Hospital

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  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305073

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patricia A Maryland, , Dr.PH  
Mailing Address 10995 Sedgemoor Circle

City State Zip Code  
Carmel IN 46032-9194

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Vincent Indianapolis  
Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305074

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jean M. Meyer  
Mailing Address 201 Angela Court

City State Zip Code  
Noblesville IN 46060-9241

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Vincent Indianapolis  
Hospital

Occupation  
Sr. Vice President & Chief Nursing Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305075

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: PAGE 44 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Paul Janssen

Mailing Address 601 Hosier Dr.

City State Zip Code  
 New Castle IN 47362-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry County Memorial Hos-  
pital

Occupation  
Chief Financial Officer/Senior Vice Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305076

Amount of Each Receipt this Period

250.00

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

Mr. Robert J Heckert, Jr.

Mailing Address 1210 Bedford Road

City State Zip Code  
 Washington IN 47501-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daviss Community Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305077

Amount of Each Receipt this Period

250.00

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

Mr. Blake A Dye

Mailing Address 2805 W. Co. Rd. 250 S

City State Zip Code  
 New Castle IN 47362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry County Memorial Hos-  
pital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305078

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: PAGE 45 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mailing Address Post Office Box 7340

City State Zip Code  
Bismarck ND 58507-7340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Dakota Healthcare  
Association

Occupation  
Vice President, Member Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13305184

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas G. Vang

Mailing Address 502 Harwood Drive

City State Zip Code  
Fargo ND 58104-6276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MeritCare Health System

Occupation  
Senior Executive of Strategy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13305188

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Roger L. Gilbertson, M.D.

Mailing Address 720 Fourth Street North

City State Zip Code  
Fargo ND 58122-4520

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MeritCare Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305198

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. David Molmen

Mailing Address 1000 South Columbia Road

City State Zip Code  
 Grand Forks ND 58201-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Altru Health System

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305211

Amount of Each Receipt this Period

250.00

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

Mr. Arnold R. Thomas, Jr.

Mailing Address 700 Mustang Drive

City State Zip Code  
 Bismarck ND 58503-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Dakota Healthcare  
Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305218

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Michael V Sack

Mailing Address 585 Lebanon Street

City State Zip Code  
 Melrose MA 02176-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hallmark Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13305223

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 47 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank Frazier  
Mailing Address 166 Quincy Shore Drive

City State Zip Code  
Quincy MA 02171-2943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHSOUTH Braintree Reh-  
abilitation H

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13305224

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randy Doherty

Mailing Address 250 Pond Street

City State Zip Code  
Braintree MA 02184-5351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHSOUTH Braintree Reh-  
abilitation H

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13305225

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter Racicot

Mailing Address 250 Pond Street

City State Zip Code  
Boston MA 02130-2429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHSOUTH Braintree Reh-  
abilitation H

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13305226

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sharon A. Gale, RN, MSN  
Mailing Address 101 Cambridge Street  
220

City State Zip Code  
Burlington MA 01803-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Organization  
of Nurse Ex

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 13305227

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David J Trull  
Mailing Address 1153 Centre Sreet

City State Zip Code  
Boston MA 02130-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Faulkner Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13305228

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy A. Crawford  
Mailing Address 1616 Lobdellavenue

City State Zip Code  
Baton Rouge LA 70806-8246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Woman's Hospital

Occupation  
Vice President, Medical Staff Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13305244

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: PAGE 49 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John A. Dresser

Mailing Address One Kelly Lane

City State Zip Code  
Wayland MA 01778-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Hospital

Occupation  
Vice President, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305257

Amount of Each Receipt this Period

250.00

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

Ms. Gail E. Allen

Mailing Address 28 Mill Road

City State Zip Code  
Westborough MA 01581-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Hospital

Occupation  
Director, Financial Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305258

Amount of Each Receipt this Period

250.00

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

Mr. Robert Kotsonis

Mailing Address 25 Highland Avenue

City State Zip Code  
Newburyport MA 01950-3894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anna Jaques Hospital

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305259

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: PAGE 50 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Mullen

Mailing Address 270 Stepping Stone Drive

City State Zip Code  
Alpharetta GA 30004-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heywood HospitalOccupation  
Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	6

Transaction ID: 13305260

Amount of Each Receipt this Period

250.00

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

Mailing Address 41 Mall Road

City State Zip Code  
Burlington MA 01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lahey Clinic HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	6

Transaction ID: 13305261

Amount of Each Receipt this Period

1000.00

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

Mailing Address Five New England Executive Park

City State Zip Code  
Burlington MA 01803-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociationOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	6

Transaction ID: 13305262

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Dr. Richard Aubut

Mailing Address 55 Fogg Road

City State Zip Code  
 South Weymouth MA 02190-2432

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Shore Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13305263

Amount of Each Receipt this Period

250.00

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

Mr. Charles C Franz, , CHE

Mailing Address 4300 Bartlett Street

City State Zip Code  
 Homer AK 99603-7000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Peninsula Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13305295

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Linda Smith

Mailing Address 1524 Creekside Lane

City State Zip Code  
 Green Bay WI 54311-7348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aurora BayCare Medical Ce-  
nter

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 8 / 2 0 0 6

Transaction ID: 13309858

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: PAGE 52 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Carl Brown Mailing Address 411 N. Front Street City State Zip Code Wilmington NC 28401-3910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer New Hanover Regional Medical Center Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 13310796 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Joseph W. Crossett Mailing Address 411 Glendale City State Zip Code Liberty MO 64068-2811 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Liberty Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 13311002 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler Mailing Address 3619 Stansbury Mill Road City State Zip Code Phoenix MD 21131-1730 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Maryland Hospital Association Occupation Sr. VP Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> 13311887 Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**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 53 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Catherine M. Crowley

Mailing Address 2100 Poplar Ridge Road

City State Zip Code  
 Pasadena MD 21122-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 13311888

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Ms. Beverly L. Miller

Mailing Address 6820 Deerpath Road

City State Zip Code  
 Elkridge MD 21075-6234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation  
V.P., Professional Activities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 13311901

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Mr. James Cannon

Mailing Address 12844 Military Road South

City State Zip Code  
 Tukwila WA 98168-3094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Hospital for Res-  
piratory and

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13314275

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1450.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Gilje		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 400 Warren Avenue		
City	State	Zip Code
Bremerton	WA	98337-1487
FEC ID number of contributing federal political committee.		Transaction ID: 13314276
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer KPS Health Plans		Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		250.00

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Stuart Hennessey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 14432 SE Eastgate Way, Ste 300		
City	State	Zip Code
Bellingham	WA	98007-6412
FEC ID number of contributing federal political committee.		Transaction ID: 13314277
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer PeaceHealth		Occupation Senior Vice President Legal Services a
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		250.00

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Judy Hodgson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2830 206th Terrace NE		
City	State	Zip Code
Sammamish	WA	98074-4369
FEC ID number of contributing federal political committee.		Transaction ID: 13314279
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer PeaceHealth		Occupation Sr. Vice President, Organizational Dev
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 55 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Leo F. Greenawalt  
Mailing Address 4423 E. Sequim Bay Road

City State Zip Code  
Sequim WA 98382-9679

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington State Hospital  
Association

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13315247

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gail C Larson  
Mailing Address P O Box 1147

City State Zip Code  
Everett WA 98206-1147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Providence Everett Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13315248

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janet Liang  
Mailing Address 2700 152nd Avenue NE

City State Zip Code  
Redmond WA 98052-5560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastside Hospital and Spe-  
cialty Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13315249

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 56 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Peter Morgan Mailing Address 2700 125nd Avenue Northeast City State Zip Code Redmond WA 98052 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Eastside Hospital and Specialty Center 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 13315251 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Andrea Nenzel Mailing Address 14432 SE Eastgate Way City State Zip Code Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer PeaceHealth Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 13315252 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Skip Kriz Mailing Address 2095 Lakeview Drive City State Zip Code Eugene OR 97408-7207 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer PeaceHealth 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 13315817 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 57 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Gary V Peck

Mailing Address P O Box 197

City State Zip Code  
 Chewelah WA 99109-0197

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Joseph's Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13315899

Amount of Each Receipt this Period

250.00

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

Ms. Brenda Suiter

Mailing Address 300 Elliott Avenue West  
Suite 300

City State Zip Code  
 Seattle WA 98119-4198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington State Hospital  
Association

Occupation  
Director, Rural & Public Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13315973

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Scott E. Armstrong

Mailing Address 3855 44th Avenue NE

City State Zip Code  
 Seattle WA 98105-5448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastside Hospital and Spe-  
cialty Center

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13316043

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 58 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randy Revelle  
Mailing Address 2809 39th Avenue West

City State Zip Code  
Seattle WA 98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington State Hospital  
Association

Occupation  
Vice President, Policy & Public Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13316120

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory C. Van Pelt  
Mailing Address PO Box 389672

City State Zip Code  
Seattle WA 98138-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Health & Servi-  
ces

Occupation  
Sr. VP & Chief Regional Operations Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13316206

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Michael Horsley  
Mailing Address 8107 Henslow Court

City State Zip Code  
Montgomery AL 36117-7475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Hospital Associat-  
ion

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 13317708

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 59 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Ms. Linda U Jordan

Mailing Address P O Box 1270

City State Zip Code  
 Ashland AL 36251-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clay County Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13317710

Amount of Each Receipt this Period

500.00

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

Mr. Jeffrey M Brannon

Mailing Address 400 North Edwards Street

City State Zip Code  
 Enterprise AL 36330-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center Enterprise

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13317713

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Ms. C.A. Faulkner

Mailing Address 1533 Eden View Circle

City State Zip Code  
 Hoover AL 35244-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Princeton

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 13317715

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Ronald S Owen

Mailing Address P O Box 6987

City State Zip Code  
 Dothan AL 36302-6987

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southeast Alabama Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13317717

Amount of Each Receipt this Period

300.00

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

Mr. Gene Taylor

Mailing Address 701 Princeton Avenue SW

City State Zip Code  
 Birmingham AL 35211-1305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Princeton

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13317719

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)

Regina Yarbrough

Mailing Address 3201 4th Avenue South

City State Zip Code  
 Birmingham AL 35222-1723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Health System

Occupation  
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13317721

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 61 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth Postlethwait

Mailing Address 4312 Fair Oaks Drive

City State Zip Code  
 Birmingham AL 35213-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Princeton

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 13317724

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Ellen C Briley

Mailing Address 987 Drayton Street

City State Zip Code  
 Elba AL 36323-1494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elba General Hospital

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13317725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Douglas P Cropper

Mailing Address 3300 Gallows Road

City State Zip Code  
 Falls Church VA 22042-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Fairfax Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13323887

Amount of Each Receipt this Period

250.00

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: PAGE 62 / 110

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Les Abernathy Mailing Address 1001 Sam Perry Boulevard City State Zip Code Fredericksburg VA 22401-3354 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mary Washington Hospital Occupation Executive Vice President, Corporate Se Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13323888</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Rodney F Hochman, , M.D. Mailing Address 6015 Poplar Hall Drive Ste. 300 City State Zip Code Norfolk VA 23502-3819 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sentara Norfolk General Hospital Occupation Senior Vice President, Administrator a Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13323891</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Patrick Walters Mailing Address 8321 Private Lane City State Zip Code Annandale VA 22003-4473 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Inova Loudoun Hospital Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13323892</b> 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: PAGE 63 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dewey R. Pittman  
Mailing Address 12207 McClain Street

City State Zip Code  
Fredericksburg VA 22407-6660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mary Washington Hospital

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  
1 0 / 0 6 / 2 0 0 6

Transaction ID: 13323895

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rodney Huebbers  
Mailing Address 17646 Stonegait Court

City State Zip Code  
Round Hill VA 20141-2264

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Inova Loudoun Hospital

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13323897

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Vaughan  
Mailing Address 1839 Mt. Vernon Road

City State Zip Code  
Roanoke VA 24015-2906

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carilion Health System

Occupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13323898

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: PAGE 64 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Grace Hines		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 170 Spoon Court		<b>Transaction ID:</b> 13323899
City Yorktown	State VA	Zip Code 23693-5591
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sentara Healthcare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Briggs W Andrews		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 13367		<b>Transaction ID:</b> 13323900
City Roanoke	State VA	Zip Code 24033-3367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Carilion Health System	Occupation Senior Vice President Legal Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Wallace Nelson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 515 Stonewall Street		<b>Transaction ID:</b> 13323902
City Salem	State VA	Zip Code 24153-2810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Twin County Regional 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) .....

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 65 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Charles Black, Jr.

Mailing Address P O Box 1310

City State Zip Code  
 Mount Vernon KY 40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Ca

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13324121

Amount of Each Receipt this Period

250.00

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

Mr. Milton Brooks, III

Mailing Address Post Office Box 591

City State Zip Code  
 Pineville KY 40977-0591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pineville Community Hospi-  
tal Associati

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13324123

Amount of Each Receipt this Period

500.00

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

Mr. Stephen A Estes

Mailing Address P O Box 1310

City State Zip Code  
 Mount Vernon KY 40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockcastle Hospital and  
Respiratory Ca

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13324127

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)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Mark M Gordon

Mailing Address P O Box 789

City State Zip Code  
 Ashland KY 41105-0789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Our Lady of Bellefonte Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13324129

Amount of Each Receipt this Period

250.00

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

Mr. David L Gray

Mailing Address 913 North Dixie Avenue

City State Zip Code  
 Elizabethtown KY 42701-2599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hardin Memorial Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13324130

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Carl G Herde

Mailing Address 4007 Kresge Way

City State Zip Code  
 Louisville KY 40207-4677

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baptist Healthcare System

Occupation  
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13324131

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert J Hudson

Mailing Address P O Box 1600

City State Zip Code  
 Richmond KY 40476-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pattie A. Clay Regional  
Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13324132

Amount of Each Receipt this Period

250.00

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

Mr. Keith Inman

Mailing Address 3227 Trail Ridge Road

City State Zip Code  
 Louisville KY 40241-6405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Hospital

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  
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 13324133

Amount of Each Receipt this Period

250.00

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

Mr. Dwayne Moss

Mailing Address 1301 North Race Street

City State Zip Code  
 Glasgow KY 42141-3483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T. J. Samson Community Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13324142

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tommy J Smith

Mailing Address 4007 Kresge Way

City State Zip Code  
Louisville KY 40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Healthcare System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13324153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary L Brewer

Mailing Address P O Box 1970

City State Zip Code  
Glenwood Springs CO 81602-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley View Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13324344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter D. Freytag

Mailing Address 151 West Oak Hills Drive

City State Zip Code  
Castle Rock CO 80108-9260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Health & Hospital  
Association

Occupation  
Vice President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13324358

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Marty Arizumi Mailing Address 7335 East Orchard Road #100 City Englewood State CO Zip Code 80111-2582 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Colorado Health & Hospital Association Occupation Policy Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13324359</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey D Selberg Mailing Address 2420 West 26th Ave, Ste 100-D City Denver State CO Zip Code 80211-5302 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Exempla Healthcare, Inc. 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 <b>Transaction ID: 13324368</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Cynthia Duncan Mailing Address 1115 East Jasmine City Frederick State OK Zip Code 73542-4020 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Memorial Hospital and Physician Group Occupation Director, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6 <b>Transaction ID: 13358999</b> 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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Howard

Mailing Address PO Box 205

City

Oklahoma City

State

OK

Zip Code

73101-0205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM Health Care of Oklaho-  
ma

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13359003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey A. Johnston

Mailing Address 1011 14th Street Northwest

City

Ardmore

State

OK

Zip Code

73401-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Memorial Health Cen-  
ter

Occupation

Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13359004

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda Jones

Mailing Address 122 North 12th Street

City

Frederick

State

OK

Zip Code

73542-5629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation

Nursing Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13359005

Amount of Each Receipt this Period

250.00

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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mr. Randall K Segler

Mailing Address P O Box 129

City State Zip Code  
Lawton OK 73502-0129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Comanche County Memorial  
Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13359010

Amount of Each Receipt this Period

500.00

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

Mr. Bobby G Thompson

Mailing Address 1011 14th Street NW

City State Zip Code  
Ardmore OK 73401-1828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Memorial Health Cen-  
ter

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 13359011

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Gloria Thurman

Mailing Address 319 East Josephine

City State Zip Code  
Frederick OK 73542-2220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Hospital and Phy-  
sician Group

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 13359012

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Associate Director Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1034595117721 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation VP & Chief Washington Counsel Aggregate Year-to-Date ▼ 840.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1045726217721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Barbara Jellen Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Section Director Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1113464217721 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1125613617721

Amount of Each Receipt this Period

20.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code  
Lake Barrington IL 60010-1939

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, PMGs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727317721

Amount of Each Receipt this Period

40.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code  
Rockville MD 20852-3249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745917721

Amount of Each Receipt this Period

40.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**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 74 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777217721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-  
Weekly)

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

Ms. Debra J. Stock

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777817721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code  
 Great Falls VA 22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801717721

Amount of Each Receipt this Period

20.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 75 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

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

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Organization of  
Nurse Executi

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812017721

Amount of Each Receipt this Period

20.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851917721

Amount of Each Receipt this Period

20.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858017721

Amount of Each Receipt this Period

40.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**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 76 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
 Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.86

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877817721

Amount of Each Receipt this Period

41.66

P/R Deduction (\$41.66 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Davidson

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 Associa-  
tion-Washingt

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942117721

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Mr. James Henderson

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
VP, Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328094117721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

91.66

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 77 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Lorschach  
Mailing Address 204 South 7th Avenue

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136917721

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna J. Melkonian  
Mailing Address 5545 N. Wayne

City State Zip Code  
Chicago IL 60640-1318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223817721

Amount of Each Receipt this Period

20.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Calbreith L. Simpson  
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 Associa-  
tion-Washingt

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224817721

Amount of Each Receipt this Period

40.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**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 78 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code  
 Silver Spring MD 20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224917721

Amount of Each Receipt this Period

40.00

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

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

Mr. Ronald O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code  
 Eagle ID 83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.14

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328241417721

Amount of Each Receipt this Period

27.78

P/R Deduction (\$27.78 Bi-  
Weekly)

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

Mr. Richard J. Pollack

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 Associa-  
tion-Washingt

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260917721

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

147.78

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 79 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City State Zip Code  
Arnold MD 21012-2126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR328310417721

Amount of Each Receipt this Period

40.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen M. Ahnen

Mailing Address 1001 N. Potomac St.

City State Zip Code  
Arlington VA 22205-1629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR328312717721

Amount of Each Receipt this Period

40.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR328341817721

Amount of Each Receipt this Period

40.00

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

**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 80 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn Forcina  
Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511817721

Amount of Each Receipt this Period

47.60

P/R Deduction (\$47.60 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Alicia N. Mitchell  
Mailing Address 909 N. Madison St.

City State Zip Code  
Arlington VA 22205-1655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512017721

Amount of Each Receipt this Period

20.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Chickey  
Mailing Address AHA  
One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Chicago

Occupation  
Director, Psychiatric and Substance Abuse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013417721

Amount of Each Receipt this Period

20.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

87.60

**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 81 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Combes, MD

Mailing Address 1905 Christopher Place

City State Zip Code  
Harrisburg PA 17110-3573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Healthcare Gov-  
ernance

Occupation  
President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329071317721

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-  
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215717721

Amount of Each Receipt this Period

40.00

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

Full Name (Last, First, Middle Initial)

C. Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329342617721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

110.00

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 82 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris Mailing Address 1136 W. Farwel Unit 1W City Chicago State IL Zip Code 60626-3861 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR329654217721 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Tama Mattocks Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR330273417721 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Patricia Meersman Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Chicago Occupation Executive Services Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR330343317721 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

40.00

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 83 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475417721

Amount of Each Receipt this Period

40.00

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

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

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code  
Arlington VA 22205-1609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534317721

Amount of Each Receipt this Period

20.00

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

**C.** Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive  
Unit 2303

City State Zip Code  
Chicago IL 60611-7424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547717721

Amount of Each Receipt this Period

20.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**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 84 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549217721

Amount of Each Receipt this Period

20.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776117721

Amount of Each Receipt this Period

21.74

P/R Deduction (\$21.74 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Darlene S. Vanderbush

Mailing Address 2303 Burke Avenue

City State Zip Code  
Alexandria VA 22301-1101

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Dir., Advocacy & Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304217721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

51.74

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 85 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331386917721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion

Occupation  
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.86

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416017721

Amount of Each Receipt this Period

41.66

P/R Deduction (\$41.66 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald May

Mailing Address 521 Great Falls Street

City State Zip Code  
Falls Church VA 22046-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533217721

Amount of Each Receipt this Period

40.00

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

**SUBTOTAL** of Receipts This Page (optional) .....

91.66

**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 86 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Summy  
Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.61

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR346168117721

Amount of Each Receipt this Period

10.41

P/R Deduction (\$10.41 Bi-  
Weekly)

**B.** 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 Associa-  
tion-Washingt

Occupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR517619717721

Amount of Each Receipt this Period

20.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rochelle M. Archuleta  
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 Associa-  
tion-Washingt

Occupation  
Senior Associate Dir. Policy Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR801366317721

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

40.41

**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 87 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			<b>Transaction ID:</b> PR876637217721	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
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 ▼ <div>210.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			<b>Transaction ID:</b> PR936292317721	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>210.00</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address One N. Franklin Street			<b>Transaction ID:</b> PR939603917721	
City State Zip Code Chicago IL 60606			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Organization of Nurse Executi		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>210.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<div>30.00</div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<div>80755.47</div>	

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

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

FOR LINE NUMBER: PAGE 88 / 110

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

FEC ID number of contributing  
federal political committee.

**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

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

Transaction ID: 13164573

Amount of Each Receipt this Period

20000.00

**SUBTOTAL** of Receipts This Page (optional) .....

20000.00

**TOTAL** This Period (last page this line number only) .....

20000.00



# **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)

PAGE 89 / 110

<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. Merchant Bankcard**

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Merchant Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13359678

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

80.00

Merchant Fee

Full Name (Last, First, Middle Initial)

## **B. Merchant Bankcard**

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Merchant Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13359681

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

138.40

Merchant Fee

Full Name (Last, First, Middle Initial)

## **C. American Express**

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement

Merchant Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13359682

Date of Disbursement

10 / 06 / 2006

Amount of Each Disbursement this Period

7.75

Merchant Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

226.15

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 110

<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

Mailing Address Ste. 001

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement

Merchant Fee

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 13359683

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.50

Merchant Fee

Full Name (Last, First, Middle Initial)

**B.** Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 13359684

Date of Disbursement

/   /

Amount of Each Disbursement this Period

124.42

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

139.92

**TOTAL** This Period (last page this line number only) .....

366.07

# **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 91 / 110

<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. Committee To Re-Elect Loretta Sanchez**

Mailing Address 1212 S Victory Bl  
Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Loretta Sanchez

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 47

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13220960

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Ellen Tauscher For Congress**

Mailing Address 20 Park Road, Suite E  
Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ellen O. Tauscher

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 10

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13221025

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Friends Of John Peterson**

Mailing Address 114 W. State Street  
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John E. Peterson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 5

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13221091

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 110

<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

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. Richard Pombo For Congress**

Mailing Address 2150 River Plaza Dr. #150  
Suite 1560

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Richard W. Pombo

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: 13221039

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Woolsey For Congress**

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lynn C. Woolsey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 6

Transaction ID: 13221043

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Weldon Victory Committee**

Mailing Address P. O. Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Curt Weldon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 7

Transaction ID: 13221078

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

4500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 110

<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

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.** Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. William Franklin Shuster

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 9

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13221086

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joseph R. Pitts

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 16

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13221089

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Adam Smith For Congress Committee

Mailing Address PO Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Adam Smith

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 9

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13221118

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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. Murtha For Congress Committee**

Mailing Address Suite 220 551 Main Street

City  
Johnstown

State  
PA

Zip Code  
15901

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John P. Murtha

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: 13221094

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Brady For Congress**

Mailing Address 2000 Market Street Suite 500

City  
Philadelphia

State  
PA

Zip Code  
19103

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert A. Brady

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 1

Transaction ID: 13221103

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address P.O. Box 12567

City  
Columbia

State  
SC

Zip Code  
29211

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. James E. Clyburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 6

Transaction ID: 13221106

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of Bud Cramer

Mailing Address P.O. Box 2621

City  
HuntsvilleState  
ALZip Code  
35804Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Rep. Robert E. Cramer, Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: AL

District: 5

Transaction ID: 13221110

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** People With Hart Inc

Mailing Address P.O. Box 435

City  
WexfordState  
PAZip Code  
15090Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Rep. Melissa A. Hart

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: PA

District: 4

Transaction ID: 13221100

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Kind For Congress CommitteeMailing Address 205 South 5th Ave  
Suite 428City  
La CrosseState  
WIZip Code  
54601Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2006

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: WI

District: 3

Transaction ID: 13221114

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

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.** Lofgren For Congress

Mailing Address P.O. Box 720008

City  
San Jose

State  
CA

Zip Code  
95172

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Zoe Lofgren

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 16

**Transaction ID: 13221048**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Congressman George Miller

Mailing Address P.O. Box 5864

City  
Concord

State  
CA

Zip Code  
94524

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. George Miller

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 7

**Transaction ID: 13221022**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City  
Nanticoke

State  
PA

Zip Code  
18634

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Paul E. Kanjorski

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

**Transaction ID: 13221098**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Tom Lantos For Congress Committee

Mailing Address PO Box 777

City  
San Carlos

State  
CA

Zip Code  
94070

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Tom Lantos

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: 13221052

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** DAKPAC

Mailing Address 607 14th St., NW  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13220973

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C.** Robert Aderholt For Congress

Mailing Address P. O. Box 1158  
940 Hwy 13

City  
Haleyville

State  
AL

Zip Code  
35565

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert B. Aderholt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 4

Transaction ID: 13221112

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Mike Honda For Congress

Mailing Address 50 W. San Fernando St. Ste. 350

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael M. Honda

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 15

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13221045

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City St. Louis State MO Zip Code 63143

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Russ Carnahan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 3

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13221107

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Campbell For Congress

Mailing Address 4590 Macarthur Blvd. Suite 500

City Irvine State CA Zip Code 92660

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Campbell

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 48

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13220958

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Storm Chasers PAC

Mailing Address PO Box 237

City  
Monticello

State  
IN

Zip Code  
47960

Purpose of Disbursement  
2006 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13221016

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**B.** Committee To Elect Hank Johnson

Mailing Address 5240 Snapfinger Park Dr Ste 140

City  
Decatur

State  
GA

Zip Code  
30035

Purpose of Disbursement  
Contribution

Candidate Name  
Hank Johnson

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 4

Transaction ID: 13221055

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Sherman For Congress

Mailing Address 555 South Flower Street Suite 4510

City  
Los Angeles

State  
CA

Zip Code  
90071

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Brad Sherman

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 27

Transaction ID: 13232851

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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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. Republican Majority Fund**

Mailing Address P.O. Box 1550

City  
Ponca City

State  
OK

Zip Code  
74602

Purpose of Disbursement  
2006 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13232843

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

3000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

## **B. McNulty For Congress**

Mailing Address P.O. Box 1560

City  
Green Island

State  
NY

Zip Code  
12183

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael R. McNulty

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 21

Disbursement For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13232848

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Berman For Congress**

Mailing Address 6380 Wilshire Blvd. #1612

City  
Los Angeles

State  
CA

Zip Code  
90048

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Howard L. Berman

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 28

Disbursement For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13232850

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 110

<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.** Crowley For Congress

Mailing Address 84-56 Grand Avenue

City  
Elmhurst

State  
NY

Zip Code  
11373

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joseph Crowley

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 7

**Transaction ID: 13232846**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Louie Gohmert For Congress Committee

Mailing Address PO Box 8060

City  
Tyler

State  
TX

Zip Code  
75711

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Louie Gohmert

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 1

**Transaction ID: 13232845**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** 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

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 13232860**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

2006 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3750.00

**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.** Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Diana DeGette

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13232863

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Candice Miller For Congress

Mailing Address PO Box 182152

City State Zip Code  
Shelby Township MI 48318

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Candice S. Miller

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 10

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13232866

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** John Salazar For Congress

Mailing Address P.O. Box 534

City State Zip Code  
Pueblo CO 81002

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John T. Salazar

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 3

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13232865

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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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. Friends Of Zach Wamp**

Mailing Address P.O. Box 24804  
651 E. Fourth St. Suite 200

City Chattanooga State TN Zip Code 37422

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Zach Wamp

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: TN District: 3

Transaction ID: 13305276

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Committee To Re-Elect Nydia M. Velazquez To Congre**

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Nydia M. Velazquez

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 13305287

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Moran For Kansas**

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jerry Moran

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: KS District: 1

Transaction ID: 13305286

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Moore For Congress

Mailing Address PO Box 14631

City  
Shawnee Mission

State  
KS

Zip Code  
66285

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Dennis Moore

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 3

Transaction ID: 13305285

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Berkley For Congress

Mailing Address 3069 Conquista Court

City  
Las Vegas

State  
NV

Zip Code  
89121

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Shelley Berkley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: 13302857

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Moran For Congress

Mailing Address 311 N. Washington Street  
Suite 200I

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. James P. Moran

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 8

Transaction ID: 13305270

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....



# **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.** Nadler For Congress

Mailing Address Village Station PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jerrold L. Nadler

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 8

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13305288

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** PAC to the Future

Mailing Address 268 Bush Street  
PMB 3230

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
2006 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13302856

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C.** Cooper For Congress Committee

Mailing Address P.O. Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim Cooper

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 5

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 13305275

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**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)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 7

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13305273

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Perlmuter For Congress**

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Edwin Perlmuter

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 7

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13305289

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Steve Cohen For Congress**

Mailing Address 349 Kenilworth

City Memphis State TN Zip Code 38112

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Steve Cohen

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 9

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13305277

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

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

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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.** Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City  
Satelite Beach

State  
FL

Zip Code  
32937

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bill Nelson

**011**  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 1

**Transaction ID: 13302574**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Jo Bonner For Congress Committee

Mailing Address P.O. Box 851232

City  
Mobile

State  
AL

Zip Code  
36685

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jo Bonner

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 1

**Transaction ID: 13302583**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Dirigo PAC

Mailing Address P.O. Box 1355

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement  
2006 Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 13302545**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

2006 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Frank Pallone, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 6

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13333130

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Graves For Congress

Mailing Address 2345 Grand Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Samuel B. Graves, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 6

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13334261

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13336698

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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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.** Alan Mollohan For Congress Committee

Mailing Address P. O. Box 1343

City  
Fairmont

State  
WV

Zip Code  
26555

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Alan B. Mollohan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 1

Transaction ID: 13333834

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Hooley For Congress

Mailing Address PO Box 2050

City  
Salem

State  
OR

Zip Code  
97308

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Darlene Hooley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: 13336296

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Charles Boustany, Jr. For Congress Inc

Mailing Address Post Office Box 80126

City  
Lafayette

State  
LA

Zip Code  
70598

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles W. Boustany, Jr.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 7

Transaction ID: 13334538

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

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

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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.** Committee To Re-Elect Bobby Jindal

Mailing Address PO Box 8628

City  
Metairie

State  
LA

Zip Code  
70011

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bobby Jindal

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 1

Transaction ID: 13334946

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

116750.00