10/24/2006 16:03

Image# 26940520559

# 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 LA OR TYPE OR PRINT		mple:If typing, the lines	type				
Ш	American Hospital Associatio	n PAC							
Ш									
ADI	DRESS (number and street)	325 Seventh Street, N	<b>\W</b> 						
Ė	Check if different	Suite 700							
L	than previously reported. (ACC)	Washington				DC	20004	-	
2.	FEC IDENTIFICATION NUM	BER ▼	CITY 🛕		S	STATE 🛋	ZIPCO	DDE 🛕	
	C00106146		3. IS THIS REPORT		IEW N) <b>OR</b>	A (A	MENDED A)		
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	N	May 20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	
	(a) Quarterly Reports:		Mar 20 (M3)	J	lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	April 15 Quarterly Report(Q	1)	Apr 20 (M4)	J	lul 20 (M7)	Oct	t 20 (M10)	Jan 31 (YE)	
	July 15 Quarterly Report(Q	(c) 12-Day	on	Primary (12P) X			(12G)	Runoff (12R)	
	October 15 Quarterly Report(Q	Report for	ort for the: Convention (12C)		2C)	Special (12G)			
	January 31 Quarterly Report(Yi		Election on	11	07	2006	in the State		
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Elec	tion	General (30G	i)	Runoff (	30R)	Special (30S)	
	Termination Report (TER)	Report for	the:			-	in the		
	(1211)		Election on				State		
5.	Covering Period 1 0	01 200	6	through	10	18	2006		
l ce	rtify that I have examined this F	Report and to the best of	my knowledge a	and belief it is	true, correct a	and complete.			
Тур	e or Print Name of Treasurer	Ms. Melinda Hatton							
Sigr	nature of Treasurer Electron	nically Filed by Ms. Me	linda Hatton		Da	ate 10	2 4	2006	
NO <sup>-</sup>	ΓE : Submission of false, error	neous, or incomplete info	rmation may sul	oject the perso	on signing this	Report to the	e penalties of 2 U	.S.C 437g.	
	Office Use Only						FEC FOI (Rev. 02/2		

### Image# 26940520560

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC D D " D 1.0 0 1 2006 1.0 18 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 941820.56 <sup>°</sup>2006 January 1 (b) Cash on Hand at 917173.62 Begining of Reporting Period ..... 139705.33 1169224.21 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1056878.95 2111044.77 6(a) and 6(c) for Column B) ..... 117116.07 1171281.89 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 939762.88 939762.88 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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: To: To: To: To:

	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 (i) Itemized (use Schedule A)	80755.47	457421.75
	(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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	119705.33	735085.49
2.	Transfers From Affiliated/Other Party Committees	20000.00	429568.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	1500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	3070.72
8.	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

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	366.07	20344.03
(c) Total Operating Expenditures	366.07	20244.02
(add 21(a)(i), (a)(ii) and (b))	300.07	20344.03
Committees	0.00	0.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	116750.00	1114897.82
Independent Expenditure     (use Schedule E)	0.00	35000.04
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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
Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	117116.07	1171281.89
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	117116.07	1171281.89
110111 LITTE 01/	117110.07	1171201.09

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
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		
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)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 110
ITEMIZED RECEIPTS	or each category of the	(check only one)  X 11a  11b  11c  12
5	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ad	ay not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		_
Full Name (Last, First, Middle Initial)  A. Ms. Madeleine Roberson	Date of Receipt	
Mailing Address 1719 East 19th Avenue		10 02 7 2006
City State Denver CO	Zip Code	Transaction ID: 13162968
Denver CO  FEC ID number of contributing federal political committee.	80218-1235	Amount of Each Receipt this Period  250.00
iviedical Ceriter	on nt and Chief Executive Officer e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Mr. Julius D Spears, , Jr.		Date of Receipt
Mailing Address 1150 Varnum Street NE		10 02 7 2006
City State Washington DC	Zip Code	Transaction ID: 13166356
FFC ID number of contribution	20017-2180	Amount of Each Receipt this Period
federal political committee.		1000.00
Name of Employer Providence Hospital Presider	on nt and Chief Executive Officer	
	e Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Ms. Karen A Weller Gregersen		Date of Receipt
Mailing Address 189 Prouty Drive		10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Transaction ID: 13224468
Newport VT	05855-9820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer North Country Hospital and Chief Ex	on ecutive Officer	
1 Icanii Ochi	e Year-to-Date <b>V</b>	-
Primary General	1 1 1 1 1 1 1	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	·····	1500.00
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 110				
-			Use separate schedule(s) or each category of the	(check only one)				
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner			Date of Receipt				
	Mailing Address 160 Allen Street			10 11 2006				
	City	State	Zip Code	Transaction ID: 13224469				
	Rutland	VT	05701-4560	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		250.00				
	Name of Employer Rutland Regional Medical	Occupation						
	Center		and Chief Executive Officer	<u></u>				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	' '	250.00					
	Other (specify) ▼	0 0		1				
В.	Full Name (Last, First, Middle Initial) Dr. Melinda Estes, M.D.			Date of Receipt				
٥.	Mailing Address 111 Colchester Avenue			M M / D D / Y Y Y Y				
	THE CONTROL TWO THE			10 11 2006				
	City	State	Zip Code	Transaction ID: 13224470				
	Burlington	VT	05401-1473	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.	0						
	Name of Employer Fletcher Allen Health Care	Occupation						
		1	and Chief Executive Officer	<u>·                                     </u>				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		250.00					
	Other (specify) ▼	0 0		1				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Raymond T Hino			Date of Receipt				
	Mailing Address P O Box 1900			M M / D D / Y Y Y Y				
				10 11 2006				
	City	State	Zip Code	Transaction ID: 13224477				
	<u>Tehachapi</u>	CA	93581-1900	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	· ·	10 ::						
	Name of Employer Tehachapi Valley Healthca-	Occupation						
	re District		ecutive Officer Year-to-Date	_				
	Receipt For: Primary General	Aggregate	rtear-10-Date V					
	Other (specify)		250.00					
	Carlot (opcost)) 🔻		0 0 0 0 0 0 0	1				
	L							
ء	UBTOTAL of Receipts This Page (optional)			750.00				
$\vdash$	22. 21.12 c. 1.000.pto 11110 i ago (optional)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 110
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may r	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	Tiame and addit	ess of any political confinitiee to	Solicit Contributions from Such Committee.
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Mr. Richard T Palmisano, , II, R.N.			Date of Receipt
Mailing Address 71 Hospital Avenue			10 11 2006
City	State	Zip Code	Transaction ID: 13224547
North Adams  FEC ID number of contributing federal political committee.	C	01247-2504	Amount of Each Receipt this Period  250.00
Name of Employer North Adams Regional Hosp- ital	Occupation President	& CEO	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Mr. Patrick L. Muldoon			Date of Receipt
Mailing Address 100 Kenyon Avenue			10 11 2006
City	State	Zip Code	Transaction ID: 13224549
Wakefield	RI	02879-4299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Health Alliance Hospitals	Occupation President	and Chief Executive Officer	
Receipt For:	Aggregate \	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  Mr. David Borgert			Date of Receipt
Mailing Address 1406 Sixth Avenue No	rth		10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13224637
Saint Cloud	MN	56303-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CentraCare Health System	Occupation Governme	ent Relations Specialist	
Receipt For:	Aggregate \	Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 110				
•			Use separate schedule(s) or each category of the	(check only one)				
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Dotailed Carrinally Lage	13 14 15 16 17				
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Ms. Susan Doherty			Date of Receipt				
	Mailing Address PO Box MC			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13224643				
	Fargo	ND	58122-0001	Amount of Each Receipt this Period				
			00122 0001	Amount of Each receipt this rendu				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer MeritCare Health System	Occupation Public Af	n fairs Director					
	Receipt For:		Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify) ▼	1	250.00					
В.	Full Name (Last, First, Middle Initial) Mr. James Parobek			Date of Receipt				
	Mailing Address 315 East Broadway			M M / D D / Y Y Y Y				
				10 11 2006				
	City	State	Zip Code	Transaction ID: 13224656				
	Louisville	KY	40202-1703	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		300.00				
	federal political committee.			333,50				
	Name of Employer	Occupation	1					
	Gateway Rehabilitation Hospital		ecutive Officer					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		300.00					
	Full Name (Last, First, Middle Initial)							
C.	Mr. Richard F. Carrico			Date of Receipt				
	Mailing Address 2055 Eastern Parkway			10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13224658				
	Louisville	KY	40204-1406	Amount of Each Receipt this Period				
	FEC ID number of contributing			300.00				
	federal political committee.	C		300.00				
	Name of Employer Norton Healthcare	Occupation Vice Pres						
	Receipt For:		Year-to-Date ▼					
	Primary General	35 0		1				
	Other (specify) ▼	1	300.00					
_								
	<u></u>							
s	UBTOTAL of Receipts This Page (optional)			850.00				
$\vdash$	,		<b>_</b>					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 110				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17				
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
A.	Full Name (Last, First, Middle Initial) Ms. Kathy L English, , R.N.			Date of Receipt				
	Mailing Address 8200 Dodge Street			10 11 2006				
	City	State	Zip Code	Transaction ID: 13224719				
	Omaha	<u>NE</u>	68114-4113	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Children's Hospital	Occupation Senior Vi	n ce President and Chief Oper	rat				
	Receipt For:		Year-to-Date ▼					
	Primary General	-	250.00	1				
	Other (specify)	0 0	230.00					
В.	Full Name (Last, First, Middle Initial) Mr. James Butler, III			Date of Receipt				
	Mailing Address 1476 Stonegate Lane			10 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13225274				
	East Lansing	MI	48823-2172	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer Sparrow Health System	Occupation		7				
		Vice Cha						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,				
	Other (specify)		500.00					
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael P. Kelly			Date of Receipt				
	Mailing Address Post Office Box 71396			10 11 2006				
	City	State	Zip Code	Transaction ID: 13225279				
	<u>Fairbanks</u>	AK	99707-1396	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		C		250.00				
	Name of Employer Fairbanks Memorial Hospit- al		١					
	Receipt For:	Aggregate	Year-to-Date ▼	7				
	Primary General		250.00	1				
_	Other (specify) ▼	0 0	250.00					
s	UBTOTAL of Receipts This Page (optional)			1000.00				
$\vdash$	,		•					
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 110				
•			Use separate schedule(s) or each category of the	(check only one)				
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Dotailed Carrinary Fage	13 14 15 16 17				
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Greg Lundstrom			Date of Receipt				
	Mailing Address 113 N. Third			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13225317				
	Lindsborg	KS	67456-2328	Amount of Each Receipt this Period				
			0.100 2020					
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Lindsborg Community Hospi-	Occupation Administr	n rator and Chief Executive Of	fi l				
	tal Receipt For:		Year-to-Date ▼	<u> </u>				
	Primary General	99 -9		1				
	Other (specify) ▼	l	300.00					
В.	Full Name (Last, First, Middle Initial) Mr. Randall Peterson			Date of Receipt				
	Mailing Address 3720 East Bayley			M M / D D / Y Y Y Y				
				10 11 2006				
	City	State	Zip Code	Transaction ID: 13225318				
	Wichita	KS	67218-3002	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.							
	Name of Employer	Occupation	1	7				
	Via Christi Health System	Senior Vi	ce President					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		250.00					
	Other (specify)		200.00					
_	Full Name (Last, First, Middle Initial)			Date of Descript				
C.	Mr. Robert Brehm  Mailing Address 28 Fawnridge Drive			Date of Receipt				
	28 Fawiiiiage Drive			10 13 2006				
	City	State	Zip Code	Transaction ID: 13230825				
	Long Valley	NJ	07853-3248	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		225.00				
	federal political committee.		325.00					
	Name of Employer Kessler Institute for Reh-	Occupation						
	abilitation	President		4				
	Receipt For:	Aggregate	Year-to-Date ▼	. [				
	Primary General		325.00					
	Other (specify)							
_	UDTOTAL (CD) 11 TU D (C)			875.00				
L	UBTOTAL of Receipts This Page (optional)		······					
1								

S	CHEDULE A (FEC Form 3X)	3X) Use separate schedule(s)					FOR LINE NUMBER: PAGE 12 / 110								
ıт	EMIZED RECEIPTS							(check only one)							
• • • • • • • • • • • • • • • • • • • •	EIVIIZED NECEIP I 3		Detailed Summa	X	11a	11b	Ш	11c	12		_				
				, ,		13	14	Ш	15	16		17			
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the n	by any persor committee to s	n for the solicit c	e purpos ontributi	e of so ons fro	licitir m sı	ng cont uch coi	tributior mmittee	IS t.						
$\setminus$	NAME OF COMMITTEE (In Full)														
$\rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper					ate of Re	eceipt								
	Mailing Address 121 Clear Creek Road		и м / 1 О		3	/ Y	200								
	City	State	Zip Code		Tra	ansactio	on ID:	132	3083	3					
	Langhorne	PA	19047-2306		-	mount of									
	FEC ID number of contributing federal political committee.	C								15.					
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident, Human Re	esources											
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General Other (specify) ▼			235.00											
_	Full Name (Last, First, Middle Initial)				-										
В.	Mr. W. Peter Daniels				_ Da	ate of Re	eceipt								
	Mailing Address 292 Pleasant Valley  City State Zip Code						10 13 7 2006								
	City	State	Transaction ID: 13230836												
	Morganville	NJ	07751-4413		Ar	mount of	Each	Rec	eipt this	s Period	t				
	FEC ID number of contributing federal political committee.	С	1 1 1 1							125.	00				
	Name of Employer Meridian Health	Occupation President													
	Receipt For:	Aggregate	e Year-to-Date 🔻												
	Primary General Other (specify) ▼			250.00											
	Other (specify)	0 0	0 0 0 0	0 0 0											
<u>С.</u>	Full Name (Last, First, Middle Initial)				D.	ate of Re	ooint								
U.	Mr. John J. Dawidowski  Mailing Address 17 Brookshire Drive					ale of ne		D ,	/ Y	YY					
						1 0		3		200	6				
	City	State	Zip Code		Tra	ansactio	on ID:	132	3083	7					
	Robbinsville	NJ	08691-2554		Ar	mount of	Each	Rec	eipt this	s Period	t				
	FEC ID number of contributing federal political committee.								15.	00					
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident & General	Manager											
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General	' '		235.00											
	Other (specify) ▼			200.00											
Г								_		4==	•	_			
s	UBTOTAL of Receipts This Page (optional)				L					155.	ŇΩ				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) (cl	FOR LINE NUMBER: PAGE 13/110
ITEMIZED RECEIPTS		(check only one)		
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_			<b>_</b>	13   14   15   16   17
Ar	ny information copied from such Reports and Statements for commercial purposes, other than using the name an	s mag nd add	y not be sold or used by any persor dress of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, p	
$  \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
	Full Name (Last, First, Middle Initial)			
A.	Ms. Theresa L. Edelstein			Date of Receipt
	Mailing Address 27 Harvest Lane			M M / D D / Y Y Y Y
	Cit.		7:- 0 - 4-	10 13 2006
	City Stat Livingston NJ	ıe	Zip Code	Transaction ID: 13230838
			07039-2750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer Occui	ınatio	n	+
	New Jersey Hośpital Assoc-	•	 sident Continuing Care Servic	d.
	lation		e Year-to-Date ▼	1
	Primary General			
	Other (specify) ▼	0	215.00	
В.	Full Name (Last, First, Middle Initial) Mr. Guy P. Evans			Date of Receipt
	Mailing Address 41 Manitto Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Stat	te	Zip Code	Transaction ID: 13230839
	Oceanport NJ		07757-1510	Amount of Each Receipt this Period
	FEC ID number of contributing	_		
	federal political committee.			15.00
	Name of Employer Occui	·notio	_	4
	New Jersey Hośpital Assoc-	•	sident	
	lation		e Year-to-Date ▼	-
	Primary General	Jun		
	Other (specify) ▼		235.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Bruce M Gans, M.D.			Date of Receipt
	Mailing Address 6 Amherst Road			10 13 2006
	City Stat	te	Zip Code	Transaction ID: 13230844
	<u>Chatham</u> NJ		07928-1802	Amount of Each Receipt this Period
	FFC ID number of contribution	-		
	federal political committee.			325.00
	Name of Employer Occui	ınatio	<u> </u>	_
	Kessler Instituté for Reh-	•	e Vice President and Chief Me	2d
	abilitation		e Year-to-Date ▼	
	Primary General	- 3		
	Other (specify) ▼		325.00	
				265.00
S	UBTOTAL of Receipts This Page (optional)		·····	365.00
Г				
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

S	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 14	
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta	ntements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	Time Took Troop Tall Troop Troop Troop Tall Troop Tr			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Alexander J. Hatala			Date of Receipt
	Mailing Address 1 Lucas Court			M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13230851
	Mt. Laurel	NJ	08103-3101	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Our Lady of Lourdes Medic-	Occupation		
	al Center	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)			
В.	Full Name (Last, First, Middle Initial) Ms. Aline M. Holmes			Date of Receipt
ъ.				<del>-</del>
	Mailing Address 19 Ashford Drive			10 13 2006
	City	State	Zip Code	Transaction ID: 13230852
	Plainsboro	NJ	08536-3632	Amount of Each Receipt this Period
		INU	00300-3032	Afflount of Each Necept this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer	Occupation	า	
	New Jersey Hospital Association	Senior M	anager	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			B . (B . )
C.	Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain Road			10 13 2006
	City.	Ctata	Zin Codo	
	City	State	Zip Code	Transaction ID: 13230853
	New Hope	PA	18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing	C		35.42
	federal political committee.			
	Name of Employer New Jersey Hospital Assoc-	Occupation	า	
	New Jersey Hospital Association		Health Economics	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3-10		1
	Other (specify) ▼	1	319.18	
				*
	UBTOTAL of Receipts This Page (optional)			1035.42
$\vdash$	CETOTAL OF FLOODING THIS Fage (optional)			
				and the second s

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 110 (check only one)  X 11a 11b 11c 12
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	Ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,	
Α.	Full Name (Last, First, Middle Initial)  Mr. David P. Lavins  Mailing Address 10 Fox Chase Road  City  Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify)		Zip Code 19355-3441 In nancial Officer e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Steven G Littleson Mailing Address 85 Fair Haven Road  City Fair Haven  FEC ID number of contributing federal political committee.  Name of Employer Jersey Shore University Medical Center	State NJ C Occupation President		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Gordon N. Litwin  Mailing Address 63 Border Place  City Little Silver  FEC ID number of contributing federal political committee.  Name of Employer Meridian Health  Receipt For: Primary General	State NJ C Occupation Vice Cha		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	390.00
	OTAL This Period (last page this line number of	anly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 110			
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12			
			Detailed Summary Page		7	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
V OI	NAME OF COMMITTEE (In Full)	Solicit Contributions from Such Committee.	_			
$\rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Marc Lory			Date of Receipt		
	Mailing Address 9 Tanya Circle			10 13 7 2006		
	City	State	Zip Code	Transaction ID: 13230865		
	Ocean	NJ	07712-7920	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Meridian Health	Occupation Vice Pres				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
В.	Full Name (Last, First, Middle Initial) Mr. George F Lynn			Date of Receipt	_	
	Mailing Address 2500 English Creek Ave, Bldg C			10 13 7 2006		
	City	State	Zip Code	Transaction ID: 13230866		
	Egg Harbor Townshi	NJ	08234-5549	Amount of Each Receipt this Period	1	
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer AtlantiCare	Occupation President				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John P McGee			Date of Receipt	_	
	Mailing Address 6 Old Mill Road			10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13230869		
	Holmdel	NJ	07733-2315	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Solaris Health System	Occupation Presiden	n t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
s	UBTOTAL of Receipts This Page (optional)			1250.00		
Т	OTAL This Period (last page this line number or	nly)				

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William Phillips			Date of Receipt
	Mailing Address 1863 Preakness Court			10 13 7 2006
	City	State	Zip Code	Transaction ID: 13230874
	Wall	NJ	07719-3671	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Meridian Health	Occupation Senior Vi	n ce President Finance and C	nie
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	225.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert P Wise			Date of Receipt
	Mailing Address 17 Canterbury Lane	10 13 2006		
	City State Zip Code			Transaction ID: 13230905
	Lebanon	NJ	08833-3217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hunterdon Medical Center	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Steven A. Millard			Date of Receipt
	Mailing Address 615 N. 7th Street			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13298656
	<u>Eagle</u>	<u>ID</u>	83702-5502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Idaho Hospital Association	Occupation Presiden		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			850.00
_	OTAL This Period (last page this line number o	nlv)		
- 1 '	OTAL THIS FEHOU (last page this line number o	ıп <b>у</b> )	······································	

SCHEDULE A (FEC Form 3X)		Llas asperato ashadula(s)	FOR LINE NUMBER: PAGE 18/110	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Geri Garten			Date of Receipt
	Mailing Address HCR 85 Box 289			10 06 2006
	City	State	Zip Code	Transaction ID: 13298659
	Bonners Ferry	ID	83805-9612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Boundary Community Hospit-	Occupation Director of	n of Nursing	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Craig A Johnson Mailing Address 411 Remington Ct.			Date of Receipt
	City	Ctoto	7in Code	10 06 2006
	City Sandpoint	State ID	Zip Code 83864-2323	Transaction ID: 13298662  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00004 2020	125.00
	Name of Employer Boundary Community Hospit- al Receipt For:		ecutive Officer and Chief Final e Year-to-Date  250.00	<b>a</b>
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John R. Denbo			Date of Receipt
	Mailing Address 803 Campbridge Drive			10 06 YYYYY 10 06 2006
	City	State	Zip Code	Transaction ID: 13300566
	Rolla	MO	65401-4738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Phelps County Regional Me-	Occupation		
	dical Center Receipt For:	l	ecutive Officer • Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	250.00	
s	UBTOTAL of Receipts This Page (optional)			500.00
T.	OTAL This Period (last page this line number on	nlv)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 110
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway			Date of Receipt
	Mailing Address 15081 Linden Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13300571
	Leawood	KS	66224-3412	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Health Alliance of MidAme- rica, The	Occupation Senior VI	n P, Field Operations	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Terry O'Rourke			Date of Receipt
	Mailing Address 5111 DTC Parkway			M M / D D / Y Y Y
	01.	01-1-	7'- 0-4-	10 06 2006
	City	State	Zip Code	Transaction ID: 13300580
	Greenwood Village	CO	80111-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	`	_
	Name of Employer Centura Health	Occupation	ı dical Officer	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Teal to Bate ¥	1
	Other (specify) ▼		500.00	
		0 0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial)  Mr. Daniel P Moen			Date of Receipt
	Mailing Address 242 Green Street			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13300585
	Gardner	MA	01440-1336	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Heywood Hospital	Occupation	n t and Chief Executive Office	.
	Receipt For:		Year-to-Date <b>V</b>	
	Primary General	, iggi egale		1
	Other (specify)		1000.00	
				1
s	UBTOTAL of Receipts This Page (optional)			1750.00
$\vdash$				

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 110
	`		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$				
	Full Name (Last, First, Middle Initial)			
Α.	Mr. John O Wilhelm, Jr.			Date of Receipt
	Mailing Address 85 Herrrick Street			10 06 YYYY 2006
	Cit.	Ctoto	7in Codo	
	City	State	Zip Code	Transaction ID: 13300588
	Beverly	MA	01915-1777	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Beverly Hospital	Executive	Vice President and Chief F	in
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
				1
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 295 Varnum Avenue			M M / D D / Y Y Y Y
	0::			10 06 2006
	City	State	Zip Code	Transaction ID: 13300591
	Lowell	MA	01854-2134	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Lowell General Hospital	President	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassint
C.	Mr. Peter J. Zarrilla			Date of Receipt
	Mailing Address 6 Bates Lane			10 06 2006
	City	State	Zip Code	Transaction ID: 13300593
	Westford	MA	01886-2523	Amount of Each Receipt this Period
			01000 2020	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lowell General Hospital	Occupation		
			sident, Human Resources	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
_				
				1750.00
S	UBTOTAL of Receipts This Page (optional)		······	1730.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			_
۹.	Full Name (Last, First, Middle Initial) Mr. Richard Jeffcote			Date of Receipt
	Mailing Address 295 Varnum Avenue			10 06 2006
	City	State	Zip Code	Transaction ID: 13300595
	Lowell	MA	01854-2195	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Lowell General Hospital	Occupation	ancial Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Robert G Norton, , CHE			Date of Receipt
	Mailing Address 81 Highland Avenue			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13300597
	Salem	MA	01970-2768	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	North Shore Médical Center	Occupation President	n : and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify) ▼		0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Winfield Brown			Date of Receipt
	Mailing Address 49 Village View Road			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13300599
	Westford	MA	01886-2359	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Lowell General Hospital	Occupation		7
VICE FIE			sident, Administration  Year-to-Date ▼	-
		Aggregate	rear-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
_ s	UBTOTAL of Receipts This Page (optional)			1500.00
			<u> </u>	
т	OTAL This Pariod (last nage this line number only	<i>ι</i> / )		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUM		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
11	II LIVIIZED NECEIF 13		Detailed Summary Page	<b>— —</b>	11b 11c 12	
				13	14 15 16 17	
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose o	of soliciting contributions	
or	1 1 .	Solicit contribution	s from such committee.			
NAME OF COMMITTEE (In Full)						
1/	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. Keith C. McLean-Shinaman			Date of Rece	eipt	
	Mailing Address 53n Hayes Road			M M /	D D / Y Y Y Y	
				1 0	17 2006	
	City	State	Zip Code	Transaction	ID: 13300601	
	<u>Tariffville</u>	CT	06081-9631	Amount of E	ach Receipt this Period	
	FEC ID number of contributing	C			250.00	
	federal political committee.				230.00	
	Name of Employer	Occupation	า	-		
	Baystate Health, Inc.		ancial Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General					
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			<b>.</b>		
В.				Date of Rece	·	
	Mailing Address 3 Windsor Road			1 0	06 2006	
	City	State	Zip Code		ID: 13300603	
	East Walpole	MA	02032-1359		ach Receipt this Period	
	•		02002 1000	Amount of E	<del> </del>	
	FEC ID number of contributing federal political committee.				250.00	
	Name of Employer Care Group, Inc.	Occupation				
			e Vice President & CFO	_		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼			
	Other (specify)		250.00			
	cc. (open.)/ •	-	0 0 0 0 0 0 0			
	Full Name (Last, First, Middle Initial)					
C.	Mr. Steven F Bradley			Date of Rece	eipt	
	Mailing Address 759 Chestnut Street			M M /	D D / Y Y Y Y	
	Cit.	01-1-	7:- 0-4-	10	06 2006	
	City Springfield	State MA	Zip Code		ID: 13300609	
	•	IVIA	01199-0001	Amount of E	ach Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
Name of Employer Baystate Health, Inc.  Receipt For:  Ag						
		Occupation				
			sident Government Relations			
		Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼			350.00			
,	UBTOTAL of Receipts This Page (optional)				750.00	
$\vdash$	OBITIAL OF Necerpts This Page (optional)		······			
_	OTAL This Period (last page this line number of	only)	<b>L</b>	L		
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SCHEDULE A (FEC Form 3X)			Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 23 / 110
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Dennis W. Chalke			Date of Receipt
	Mailing Address 80 Jonquil Lane			10 06 2006
	City	State	Zip Code	Transaction ID: 13300611
	Longmeadow	MA	01106-2240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baystate Medical Center	Occupation Vice Pres	n sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Ms. Karen Shine Nelson			Date of Receipt
	Mailing Address 2 Stone Headge Drive			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13300614
	Wilmington	MA	01887-3190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Organization	Occupation	า	
	of Nurse Ex		President, Clinical Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
		0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Joseph White, III			Date of Receipt
-	Mailing Address 10 Lakeside Terrace			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13300617
	Westford	MA	01886-1392	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Lowell General Hospital	Occupation Executive	n e Vice President & COO	
	Receipt For: Primary General		Year-to-Date ▼	
			250.00	1
Other (specify) ▼			0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	
T	OTAL This Period (last page this line number of	only)	I	

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 110
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Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Wayne Dodwell			Date of Receipt
	Mailing Address Rural Route 1, Box 11			10 06 2006
	City	State	Zip Code	Transaction ID: 13300647
	Machias	ME	04654-9758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Down East Community Hospi- tal	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		350.00	
— В.	Full Name (Last, First, Middle Initial) Mr. William G. Flynn			Date of Receipt
	Mailing Address 41 Shannon Way			M M / D D / Y Y Y Y
	The man grade see 41 Onarmon Way			10 17 2006
	City	State	Zip Code	Transaction ID: 13300654
	Lancaster	MA	01523-2952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Massachusetts Hospital Association	Executive	Vice President & COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	]
<u></u>	Full Name (Last, First, Middle Initial) Mr. Edgar L. Lawrence			Date of Receipt
٥.	Mailing Address 1309 Milldam Road			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13302577
	Towson	MD	21286-1432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa-	Occupation		
	tion		e Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify) ▼		000.00	1
_	UDTOTAL of Descripto Title Descriptor Descriptor			1200.00
L	UBTOTAL of Receipts This Page (optional)			
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 25 / 110 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Denise Matricciani Mailing Address 4423 Necker Avenue			Date of Receipt
	City	State	Zip Code	1 0 0 6 2 0 0 6 Transaction ID: 13302578
	Baltimore	MD	21236-2968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa- tion		sident, Government Relation	s
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
3.	Full Name (Last, First, Middle Initial) Ms. Pegeen Townsend			Date of Receipt
	Mailing Address 225 Nckeon Road	10 06 2006		
	City	State	Zip Code	Transaction ID: 13302580
	Severna Park	MD	21146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa- tion		President, Legislative Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
).	Full Name (Last, First, Middle Initial) Mr. Terry W Andrus			Date of Receipt
	Mailing Address 2000 Pepperell Parkway	,		10 18 2006
	City	State	Zip Code	Transaction ID: 13302925
	<u>Opelika</u>	AL	36801-5452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3000.00
	Name of Employer East Alabama Medical Cent- er	Occupation President		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3000.00	
s	UBTOTAL of Receipts This Page (optional)			4200.00
т.	OTAL This Period (last page this line number or	nlv)	•	

SCH	EDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 26 / 110
			Use separate schedule(s) or each category of the	(check only one)	
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				13 14	15 16 17
Any inf	formation copied from such Reports and Sta commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of solici	ting contributions
		ame and add	aress or any political committee to	Solicit contributions from	such committee.
`	ME OF COMMITTEE (In Full)				
/ An	nerican Hospital Association PAC				
-	l Name (Last, First, Middle Initial) Michael Lisenby			Date of Receipt	
	iling Address 807 Laurel Street			M M / D D	
				10 18	2006
City		State	Zip Code	Transaction ID: 13	3302927
<u>Op</u>	pelika	AL	36801-3519	Amount of Each Re	ceipt this Period
	C ID number of contributing eral political committee.	С			1000.00
Nar Eas	me of Employer st Alabama Medical Cent-	Occupation			
<u>er</u>	ceipt For:		dical Officer Year-to-Date ▼		
1160	Primary General	Aggregate	FIGAL-10-Date V	1	
	Other (specify) ▼	1	1000.00		
				"	
	l Name (Last, First, Middle Initial) . Laura Grill			Date of Receipt	
Mai	iling Address 2000 Pepperell Parkway	′		M M / D D	/
<u> </u>		04-4-	7:- Oada	10 18	2006
City		State	Zip Code	Transaction ID: 13	
	pelika	AL	36801-5422	Amount of Each Re	ceipt this Period
	C ID number of contributing eral political committee.	C			1000.00
Nar	me of Employer st Alabama Medical Cent-	Occupation	1		
er			sident, Patient Services		
Red	ceipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		1000.00		
	Other (openity)	0 0		J	
	I Name (Last, First, Middle Initial) John T Chittom			Date of Receipt	
	iling Address 2000 Pepperell Parkway	1		M M / D D	/ Y Y Y Y Y
_				10 18	2006
City		State	Zip Code	Transaction ID: 13	
	pelika	AL	36802-3201	Amount of Each Re	ceipt this Period
	C ID number of contributing	C			1000.00
Teu	eral political committee.				
Nar	me of Employer st Alabama Medical Cent-	Occupation			
er			ormation Officer		
Red	ceipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	1000.00		
		-	0 0 0 0 0 0 0	1	
					0000.00
SUBT	TOTAL of Receipts This Page (optional)		······		3000.00
TOTA	<b>AL</b> This Period (last page this line number o	nly)			
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 110
· ·			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Ken Lott			Date of Receipt
	Mailing Address 1567 Oak Hill Circle			10 18 2006
	City	State	Zip Code	Transaction ID: 13302935
	Auburn	AL	36832-6798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres	n sident, Operations	
	er Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe			Date of Receipt
	Mailing Address 4293 Al Hwy. 169			10 18 2006
	City	State	Zip Code	Transaction ID: 13302936
	Opelika	AL	36804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation	sident & Administration	
	er Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Janice Baker			Date of Receipt
	Mailing Address 1798 Ogletree Road			10 18 2006
	City	State	Zip Code	Transaction ID: 13302937
	Auburn	AL	36830-7258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent- er	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify) ▼		1000.00	
_				
s	UBTOTAL of Receipts This Page (optional)			3000.00
$\vdash$	,			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 110
· ·		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Carey M. Owen			Date of Receipt
	Mailing Address 2520 Springwood Drive	ı		10 18 2006
	City	State	Zip Code	Transaction ID: 13302938
	Auburn	AL	36830-7236	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres		
	er Receipt For:		Year-to-Date ▼	7
	Primary General	1 1		1
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Sam Price			Date of Receipt
	Mailing Address 2000 Pepperell Parkwa	у		10 18 2006
	City	State	Zip Code	Transaction ID: 13302949
	Opelika	AL	36802-3201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	reactal political committee.			
	Name of Employer East Alabama Medical Cent-	Occupation		
	<u>er</u>		sident Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	1000.00	
	Other (specify)			
— С.	Full Name (Last, First, Middle Initial)			Date of Pagaint
O.	Mr. J. Frazer Rolen, Jr.  Mailing Address 2204 Lakeshore Drive			Date of Receipt
	Suite 230			10 18 2006
	City	State	Zip Code	Transaction ID: 13302950
	Birmingham	AL	35209-6729	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	667.00
	federal political committee.	С		667.00
	Name of Employer Alabama Hospital Associat-	Occupation		
	ion		Director, Federal Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	667.00	
	Other (specify)		307.00	
_				2667.00
Ls	UBTOTAL of Receipts This Page (optional)		······	200,100
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 110
ITEMIZED RECEIPTS		or each category of the	(check only one)	
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	· · · · · · · · · · · · · · · · · · ·			13 14 15 16 17
or	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	its may and add	rnot be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$ \rangle$	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
Α.	Mr. Gregg B. Everett			Date of Receipt
	Mailing Address 8224 Parkview Court			10 18 2006
	City Sta	ate	Zip Code	Transaction ID: 13302951
	Montgomery Al		36117-6964	Amount of Each Receipt this Period
	FFO ID combined for additional		1 1 1 1 1 1	
	federal political committee.			504.00
	Name of Employer Alabama Hospital Associat-	upation	1	1
	ion Sr.	Vice F	President & General Counsel	
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Primary General		504.00	
	Other (specify) ▼	1 1	304.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1812 Woodmere Loop			10 18 2006
	City St.	ate	Zip Code	Transaction ID: 13302974
	Montgomery Al		36117-5004	Amount of Each Receipt this Period
	FFO ID combined for additional		00117 0004	
	FEC ID number of contributing federal political committee.	١.		500.00
	Alahama Hoʻsnifal Associat-	upation		
	1011		e Government Relations • Year-to-Date ▼	_
	Primary General	gregate	rear-to-Date ▼	
	Other (specify)		500.00	
C	Full Name (Last, First, Middle Initial) Mr. R. Thomas Cooper, III			Date of Receipt
•	Mailing Address 404 Paddock Lane			M M / D D / Y Y Y Y
				10 18 2006
	•	ate	Zip Code	Transaction ID: 13302978
	Montgomery Al	_	36109-4625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	Г.		500.00
	federal political committee.			
	Name of Employer Alabama Hospital Associat-	upation	1	7
	ion		ancial Officer	
		gregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
	<u> </u>			4504.00
s	UBTOTAL of Receipts This Page (optional)		·····	1504.00
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 110
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δn	y information copied from such Reports and Stater	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
_	Full Name (Lant First Medial (1994))			
۹.	Full Name (Last, First, Middle Initial) Ms. Rosemary Blackmon			Date of Receipt
-	Mailing Address 547 Le Grand Place			M M / D D / Y Y Y Y
				10 18 2006
	City	State	Zip Code	Transaction ID: 13302980
	Montgomery	AL	36106-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		252.00
	Name of Employer	Occupation	1	$\dashv$
	Alahama Hospifal Associat-	•	sident of Public Relations	
		Aggregate	Year-to-Date ▼	
	Primary General		252.00	
	Other (specify)	0 0	202.00	
3.	Full Name (Last, First, Middle Initial) Ms. Jane Knight			Date of Receipt
	Mailing Address 1612 Salisbury Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13302981
	Montgomery	AL	36117-2562	Amount of Each Receipt this Period
	FEC ID number of contributing	_		250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	1	$\dashv$
	Alabama Hocnifal Account	•	sident, Member Relations	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
`	Full Name (Last, First, Middle Initial) Mr. Don Adams			Date of Receipt
J.	Mailing Address 419 Natural Resources Dri	ive		Date of Neceipt
				10 06 2006
	City	State	Zip Code	Transaction ID: 13302983
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer CArkansas Hospital Associa-	Occupation	1	7
	Arkansas Hospital Association	vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		325.00	
	Other (specify) ▼		020.00	
c	IIRTOTAL of Receipte This Received		_	827.00
<u> </u>	UBTOTAL of Receipts This Page (optional)		······	
т	OTAL This Period (last page this line number only)	)		

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 31 / 110
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
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				13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Robert R. Bash			Date of Receipt
	Mailing Address 906 Woodlawn			10 06 2006
	City	State	Zip Code	Transaction ID: 13302984
	Warren	AR	71671-3018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Booneville Community Hosp- ital	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		325.00	7
	Other (specify) ▼	0 0	323.00	
В.	Full Name (Last, First, Middle Initial) Mr. Roger M. Busfield			Date of Receipt
	Mailing Address 419 Natural Resources	Dr		10 06 7 2006
	City	State	Zip Code	Transaction ID: 13302985
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	Little Rock FEC ID number of contributing federal political committee.	C	72205-1576	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Associa-	C		
	FEC ID number of contributing federal political committee.	Occupation President		
	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association	Occupation President	n t Emeritus	
	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association  Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Occupation President	n t Emeritus Year-to-Date ▼	325.00
c.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association  Receipt For:  Primary General Other (specify)	Occupation President	n t Emeritus Year-to-Date ▼	
c.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Mr. David Cicero	Occupation President	n t Emeritus Year-to-Date ▼	Date of Receipt  1 0 0 6 7 2 0 0 6
c.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. David Cicero  Mailing Address P O Box 797	Occupation President Aggregate	t Emeritus Year-to-Date ▼ 325.00	Date of Receipt
 C.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Mr. David Cicero  Mailing Address P O Box 797  City	Occupation President Aggregate	Emeritus  Year-to-Date ▼  325.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David Cicero  Mailing Address P O Box 797  City Camden  FEC ID number of contributing	Occupation President Aggregate	Zip Code 71701-0797	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David Cicero  Mailing Address P O Box 797  City Camden  FEC ID number of contributing federal political committee.	Occupation President Aggregate  State AR  C  Occupation President	Zip Code 71701-0797	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David Cicero Mailing Address P O Box 797  City Camden  FEC ID number of contributing federal political committee.  Name of Employer Ouachita Medical Center	Occupation President Aggregate  State AR  C  Occupation President	Zip Code 71701-0797	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Arkansas Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. David Cicero Mailing Address P O Box 797  City Camden  FEC ID number of contributing federal political committee.  Name of Employer Ouachita Medical Center  Receipt For:  Primary General	C Occupation President Aggregate AR C Occupation President Aggregate	Zip Code 71701-0797	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

CULLI	OULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 32/110
			Use separate schedule(s)	(check only one)	
ITEMIZ	ZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
Any inforn	nation copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
or for com	mercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
\ NAME	OF COMMITTEE (In Full)				
Amer	ican Hospital Association PAC				
	ame (Last, First, Middle Initial)				,
	an Davenport			Date of Receipt	
iviailing	Address Post Office Box 3667			10 06	2006
City		State	Zip Code	Transaction ID: 13	
Little	Rock	AR	72203-3667	Amount of Each Re	
FEC II	number of contributing				<del> </del>
	political committee.	C			325.00
Name Ouach	of Employer ita Medical Center	Occupation CPA	1		
Receip	ot For:	1	Year-to-Date ▼		
	Primary General	199.19		1	
	Other (specify) ▼	1	325.00		
	ame (Last, First, Middle Initial) n Gathright			Date of Receipt	
Mailing	Address 3050 Twin Rivers Drive			M M / D D	/ <b>Y Y Y Y</b>
				10 06	2006
City		State	Zip Code	Transaction ID: 13	
Arkac	<u>lelphia</u>	AR	71923-4299	Amount of Each Re	ceipt this Period
	number of contributing political committee.	C			325.00
Name	of Employer	Occupation	า		
nter-A	t Health Medical Ce- rkadelp	Senior Vi	ce President and Administra	to	
Receip		Aggregate	e Year-to-Date ▼		
	Primary General	, ,	325.00		
	Other (specify)	0 0			
	ame (Last, First, Middle Initial) ssell D Harrington, , Jr.			Date of Receipt	
	Address 9601 Interstate 630, Exi	t 7		M M / D D	/ Y 'Y 'Y 'Y
				10 06	2006
City	D. J	State	Zip Code	Transaction ID: 13	
Little	Hock	AR	72205-7202	Amount of Each Re	ceipt this Period
	number of contributing political committee.	C			325.00
Namo	of Employer	Occupation			
Baptis	of Employer t Health		t and Chief Executive Officer		
Receip	ot For:		Year-to-Date ▼	$\dashv$	
	Primary General	00 0		1	
	Other (specify) ▼		325.00		
					975.00
SUBTOT	AL of Receipts This Page (optional)		<u> </u>		373.00
TOTAL	This David data are the "	-1. \			
IUIAL	This Period (last page this line number o	пı <b>у</b> )	<b>P</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 110
•		Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanou zummu y r ugo	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Beth Ingram			Date of Receipt
	Mailing Address 419 Natural Resources	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13302990
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		325.00
	Name of Employer Arkansas Hospital Associa- tion	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		325.00	
В.	Full Name (Last, First, Middle Initial) Mr. Luther J Lewis, , FACHE			Date of Receipt
	Mailing Address P O Box 1998			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13302991
	El Dorado	AR	71731-1998	Amount of Each Receipt this Period
	FEC ID number of contributing			325.00
	federal political committee.	C		323.00
	Name of Employer	Occupation	า	
	Medical Center of South		ecutive Officer	
	Arkansas Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		325.00	
_				4
C.	Full Name (Last, First, Middle Initial)  Mr. Phil E. Matthews			Date of Receipt
	Mailing Address 419 Natural Resources	Drive		10 06 7 2006
	City	State	Zip Code	Transaction ID: 13302992
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing			325.00
	federal political committee.	C		323.00
	Name of Employer Arkansas Hospital Associa-	Occupation		
	tion	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		325.00	1
	Other (specify)		020.00	1
				975.00
LS	UBTOTAL of Receipts This Page (optional)	<u> </u>	······································	313.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 110		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Raymond W Montgomery, , II			Date of Receipt		
	Mailing Address 3214 East Race			10 06 2006		
	City	State	Zip Code	Transaction ID: 13302993		
	Searcy	AR	72143-4810	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer White County Medical Cent- er	Occupation President	n t and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		325.00			
	Other (specify)	0 0	023.00			
В.	Full Name (Last, First, Middle Initial) Mr. John C Neal			Date of Receipt		
	Mailing Address P O Box 1905			10 06 7 2006		
	City	State	Zip Code	Transaction ID: 13302994		
	Stuttgart	AR	72160-1905	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer Stuttgart Regional Medical Center	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		325.00			
	Other (specify) ▼	0 0	0.000			
C.	Full Name (Last, First, Middle Initial) Mr. James Newman			Date of Receipt		
	Mailing Address 895 West 6th Street			10 06 7 2006		
	City	State	Zip Code	Transaction ID: 13302995		
	Fort Smith	AR	72958-7001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer Mercy Hospital of Scott	Occupation				
	County		ce President and Chief Fina			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼			
	Other (specify)		325.00			
_			0 0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)			975.00		
	OTAL This Pariod /last nage this line number of	anlu)				
1 1	OTAL This Period (last page this line number of	ли <b>у</b> )				

S	SCHEDULE A (FEC Form 3X)  Use separate schedule(s)		FOR LINE NUMBER:	PAGE 35 / 110	
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
11	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of solici	ting contributions
or		name and add	dress of any political committee to	SOIICIT CONTRIBUTIONS FROM	such committee.
	NAME OF COMMITTEE (In Full)				
17	American Hospital Association PAC				
_	Full Name (Last First Middle Initial)				
Α.	Full Name (Last, First, Middle Initial) Mr. Scott Peek			Date of Receipt	
	Mailing Address P O Box 639			M M / D D	/ <b>Y</b>
	3 11 11 1 1 0 Box 000			10 06	2006
	City	State	Zip Code	Transaction ID: 13	302996
	<u>Danville</u>	AR	72833-0639	Amount of Each Re	
	FEC ID number of contributing				205.00
	federal political committee.	C			325.00
	Name of Employer Chambers Memorial Hospital	Occupation			
	<u> </u>		ecutive Officer and Chief Fina	<u>a</u>	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼		
	Other (specify)		325.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address P O Box 339			M M / D D	/ <b>Y Y Y Y</b>
				10 06	2006
	City	State	Zip Code	Transaction ID: 13	302997
	Paragould	AR	72451-0339	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				325.00
	federal political committee.	C			323.00
	Name of Employer	Occupation	<u> </u>	+	
	Name of Employer Arkansas Methodist Medical	Presiden			
	Center Receipt For:		Year-to-Date ▼	_	
	Primary General	7.99.094.0	Tour to Date (		
	Other (specify)		325.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Bo Ryall			Date of Receipt	
	Mailing Address 419 Natural Resources	Drive		1 0 0 6	2006
	City	State	Zip Code	Transaction ID: 13	
	Little Rock	AR	72205-1576	Amount of Each Re	
		7111	72203 1370	Amount of Lacif Ne	ceipi illis Pellou
	FEC ID number of contributing federal political committee.	C			325.00
	•				
	Name of Employer Arkansas Hospital Associa-	Occupation			
	tion	_	e Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		325.00		
	Other (specify)		020.00		
_	IIDTOTAL of Descripts Title Descripts Title Descripts				975.00
Ls	UBTOTAL of Receipts This Page (optional)		······		
_	OTAL This Davied (lest near this line near the	ادراصد			
1 1	OTAL This Period (last page this line number of	лиу)			

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 110		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page		X 11a 11b 11c 12		
			Detailed Guillinary Lage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	lress of any political committee t	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Hospital Association PAC					
$\angle$						
	Full Name (Last, First, Middle Initial)			5. (5. ).		
A.	Dr. Stephen Smart, DDS			Date of Receipt		
	Mailing Address 318 Thompson			10 06 2006		
	City	State	Zip Code	Transaction ID: 13302999		
	El Dorado	AR	71730-4569			
		An	71730-4369	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	rederai politicai committee.					
	Name of Employer Medical Center of South	Occupation	1			
	Arkansas	Chairmar	า			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	205.00	7		
	Other (specify) ▼		325.00			
_	Full Name (Last, First, Middle Initial)					
В.	Mr. Doug Weeks			Date of Receipt		
	Mailing Address 9601 Interstate 630 Exit	t 7		10 06 2006		
	City	State	Zip Code			
	Little Rock	AR	•	Transaction ID: 13303000		
		An	72205-7299	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	rederal political committee.					
	Name of Employer Baptist Health	Occupation	1			
	Baptist Health	Sr. Vice F	President & Administrator			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1	325.00	7		
	Other (specify)		323.00			
C.	Full Name (Last, First, Middle Initial) Mr. Michael D. Helm			Date of Receipt		
U.	Mailing Address Post Office Box 17006					
	Post Office Box 17006			10 06 2006		
	City	State	Zip Code	Transaction ID: 13303001		
	Fort Smith	AR	72917-7006	Amount of Each Receipt this Period		
			1 1 1 1 1 1			
	FEC ID number of contributing federal political committee.	C		203.10		
	Name of Employer Sparks Regional Medical					
	Center	President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	203.10			
	Other (specify)	0 0	200.10	_		
1_				853.10		
Ls	UBTOTAL of Receipts This Page (optional)					
_	OTAL This David design and the Property of the Control of the Cont	l\				
ΙT	OTAL This Period (last page this line number o	піу)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	is may nd add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$  \rangle$	American Hospital Association PAC			
	7 interiodir i rospital 7 lossolation i 7 lo			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Lee A Simpson, Jr.			Date of Receipt
	Mailing Address 21 Bridgeway Road			10 06 2006
	City Sta	nt 0	Zip Code	
	North Little Rock AR		•	Transaction ID: 13303002
		1	72113-9514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			203.10
	- Todoral political committee.			
	PridgoMay Tho	upation		
	Cille		ecutive Officer and Managing	<u> </u>
		regate	Year-to-Date ▼	
	Primary General		203.10	
	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			
В.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
	Mailing Address P O Box 151			M ' M / D ' D / Y ' Y ' Y ' Y
				10 06 2006
	City	ate	Zip Code	Transaction ID: 13303157
	Ashland KY	<u>'</u>	41105-0151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			500.00
	federal political committee.			550.55
	Name of Employer King's Daughters Medical	upation	1	7
	King's Daughter's Medical Center Chie	ef Exe	ecutive Officer	
		regate	Year-to-Date <b>V</b>	
	Primary General		500.00	
	Other (specify)	0	500.00	
C	Full Name (Last, First, Middle Initial) Ms. Connie Smith			Date of Receipt
•	Mailing Address P O Box 90010			M M / D D / Y Y Y Y
	1 C Box 30010			10 06 2006
	City Sta	ate	Zip Code	Transaction ID: 13303161
	Bowling Green KY	<u>′</u>	42102-9010	Amount of Each Receipt this Period
	FEC ID number of contributing	-		500.00
	federal political committee.			300.00
	Name of Employer Occi	upation	า	┪
	Medical Center at Rowling		ecutive Officer	
	arcen, me		Year-to-Date ▼	
	Primary General	-		
	Other (specify)		500.00	
				1000.10
s	UBTOTAL of Receipts This Page (optional)		·····	1203.10
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 110	П
			Use separate schedule(s)	(check only one)	П
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 1	7
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				_
٩.	Mr. Stephen P Dexter			Date of Receipt	
	Mailing Address 7 Stony Point			M M / D D / Y Y Y Y	
				10 13 2006	
	City	State	Zip Code	Transaction ID: 13304431	
	Charleston	WV	25314-1663	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Thomas Memorial Hospital	Occupation		_	
			t and Chief Executive Officer		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	1000.00		
	Guisi (openily) 🔻		1 1 1 1 1 1 1 1		
3.	Full Name (Last, First, Middle Initial) Mr. Bruce McClymonds			Date of Receipt	_
	Mailing Address 1431 Mayfield Road			M M / D D / Y Y Y Y	
				10 13 2006	
	City	State	Zip Code	Transaction ID: 13304706	
	Morgantown	WV	26505-5809	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		1000.00	
	federal political committee.			1000.00	
	Name of Employer	Occupation	 1	$\dashv$	
	Name of Employer West Virginia University Hospitals		t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼		1000.00		
_	Full Name (Last, First, Middle Initial)			Date of Descript	
٥.	Dr. John McKnight  Mailing Address 210 Rivercrest Drive			Date of Receipt	
	Walling Address 210 Rivercrest Drive			10 13 2006	
	City	State	Zip Code	Transaction ID: 13304792	
	Morgantown	WV	26508-9000	Amount of Each Receipt this Period	_
	FEC ID number of contributing			1000.00	L
	federal political committee.	C		1000.00	
	Name of Employer	Occupation	า	_	
	Monongalia General Hospit-	Medical [			
	al Receipt For:		Year-to-Date ▼	_	
	Primary General	39 - 3		1	
	Other (specify) ▼	1	1000.00		
			•		
				2002.55	Ī
SI	UBTOTAL of Receipts This Page (optional)			3000.00	
			<u> </u>		
T	OTAL This Period (last page this line number of	nly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 39 / 110	
ITEMIZED RECEIPTS			or each category of the	(check only one)	, –
THE MILES RESERVED			Detailed Summary Page	X 11a 11b	11c   12
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or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. Dan Lauffer, , FACHE			Date of Receipt	
	Mailing Address 1039 Pendleton Place			1 0 1 3	
	City	State	Zip Code	Transaction ID: 13	
	Hurricane	WV	25526-9484	Amount of Each Re	
			23320 3404	Amount of Lacif Ne	<del></del>
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Saint Francis Hospital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:		e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) ▼		1000.00		
В.	Full Name (Last, First, Middle Initial) Mr. David L. Ramsey			Date of Receipt	
	Mailing Address 20 Wildacre Road			M M / D D D 13	
	City	State	Zip Code	Transaction ID: 13	
	Charleston	WV	25314	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Charleston Area Medical	Occupation	n t and Chief Executive Officer		
	Center Receipt For:		Year-to-Date ▼		
	Primary General	1 99 19			
	Other (specify) ▼	0 0	1000.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Raymond V Ingham, , Ph.D.			Date of Receipt	
	Mailing Address 217 East Drive			10 18	
	City	State	Zip Code	Transaction ID: 13	3304823
	Lebanon	IN	46052-1221	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Witham Memorial Hospital	Occupation President	n t and CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)		······		2500.00
T	OTAL This Period (last page this line number	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 110	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17	
An	y information copied from such Reports and St	atements may	not be sold or used by any person	<del></del>	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. lan G. Worden			Date of Receipt	
	Mailing Address 10749 King's Mill Dr.			10 18 2006	
	City	State	Zip Code	Transaction ID: 13305063	
	Carmel	IN	46032-9467	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Fina	n ancial Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)	0 0	0 0 0 0 0 0		
В.				Date of Receipt	
	Mailing Address 8166 Darnley Court			10 18 2006	
	City	State	Zip Code	Transaction ID: 13305064	
	Indianapolis	IN	46260-2906	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer St. Vincent Indianapolis Hospital	Occupation CEO	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)	0 0	300.00		
C.	Full Name (Last, First, Middle Initial) Dr. Jon D. Rahman, M.D.			Date of Receipt	
	Mailing Address 418 Burlington Lane			10 18 2006	
	City	State	Zip Code	Transaction ID: 13305065	
	Carmel	IN	46032-9162	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
St. Vincent Indianapolis  Hospital		Occupation			
			dical Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)	' '	500.00		
	Strict (openity) \	0 0	0 0 0 0 0 0 0	1	
s	UBTOTAL of Receipts This Page (optional)			1500.00	
H					
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		GE 41 / 110
ITEMIZED RECEIPTS		or each category of the		(check only one)	
THE TRUE TO THE			Detailed Summary Page	X 11a 11b 11c	$\rightarrow$ $-$
۸۰	ny information copied from such Reports and Si	totomonto mo	, not be cold or used by any person	13 14 15	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such o	committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. David R Doerr			Date of Receipt	
	Mailing Address 11200 S. State Rd 63	Ctoto	Zin Codo	10 18 Y	2006
	City Terre Haute	State IN	Zip Code 47802	Transaction ID: 133050	
		IIN	47002	Amount of Each Receipt t	nis Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Union Hospital	Occupation CEO	n		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Kyle De Fur, , FACHE			Date of Receipt	
	Mailing Address 1707 Mimosa Lane			10 18	2006
	City	State	Zip Code	Transaction ID: 133050	68
	Anderson	IN	46011-1134	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Saint John's Health System	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼	0 0	250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Jerry Laue			Date of Receipt	
	Mailing Address 4700 N. S.R. 59			10 18	2006
	City	State	Zip Code	Transaction ID: 133050	69
	Brazil	IN	47834	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer St. Vincent Clay Hospital	Occupation Administr			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
$\vdash$	<u> </u>		•		•
T	OTAL This Period (last page this line number	only)			

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 110
	ZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Any infor	rmation copied from such Reports and Stat mmercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\ NAM	E OF COMMITTEE (In Full)			
Ame	rican Hospital Association PAC			
<b>4.</b> Ms. J	lame (Last, First, Middle Initial) ane Craigin			Date of Receipt
	ng Address 1154 E. Boulevard			10 18 2006
City	Village	State IN	Zip Code 47975-8053	Transaction ID: 13305070
FEC	ID number of contributing al political committee.	C	4/9/3-0033	Amount of Each Receipt this Period  250.00
<u>Hosp</u>			ecutive Officer	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	lame (Last, First, Middle Initial) nne Coleman			Date of Receipt
	Mailing Address 6630 S. 850 E.			10 18 2006
City	30 -	State	Zip Code	Transaction ID: 13305071
	sville	IN	46077-9313	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name St. V	e of Employer incent Women's Hospi-	Occupation Administi		
<u>tal</u> Rece	ipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 -3	250.00	
_	Jame (Last, First, Middle Initial) ichael C. Wiemann, M.D.			Date of Receipt
Mailir	ng Address 1814 N. 1100 E.			10 18 YYYYY 10 18 2006
City		State	Zip Code	Transaction ID: 13305072
<u>She</u>		IN	46069-9047	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name St. V	e of Employer incent Indianapolis	Occupation	n dical Officer	
Hospital			Year-to-Date ▼	-
	Primary General Other (specify) ▼	99.03	250.00	
SUBTO	TAL of Receipts This Page (optional)			750.00
TOTAL	This Period (last nage this line number on	ılv)		

S	CHEDULE A (FEC Form 3X)		Lleo congreto cohodulo(c)	FOR LINE NUMBER: PAGE 43 / 110
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Gary A Fammartino			Date of Receipt
	Mailing Address 4213 W. 131st Street			10 18 2006
	City	State	Zip Code	Transaction ID: 13305073
	Westfield	IN	46074-9603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Indianapolis Hospital	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	1 1	050.00	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Patricia A Maryland, , Dr.PH			Date of Receipt
	Mailing Address 10995 Sedgemoor Circl	е		10 18 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13305074
	Carmel	IN	46032-9194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Indianapolis Hospital	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mrs. Jean M. Meyer			Date of Receipt
	Mailing Address 201 Angela Court			10 18 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13305075
	Noblesville	IN	46060-9241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	1
	St. Vincent Indiánapolis Hospital		President & Chief Nursing Of	f
	Receipt For:	+	e Year-to-Date ▼	1
	Primary General		050.00	
	Other (specify) ▼	0 0	250.00	
[	UBTOTAL of Receipts This Page (optional)			750.00
1 3	UDIVIAL OF RECEIPES THIS Page (OPHORAL)			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 110	٦
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 11	7
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)			Data of Bassist	
٦.	Mr. Paul Janssen  Mailing Address 601 Hosier Dr.			Date of Receipt	
	Mailing Address 601 Hosier Dr.			10 18 2006	
	City	State	Zip Code	Transaction ID: 13305076	
	New Castle	IN	47362-2940	Amount of Each Receipt this Period	_
	FEC ID number of contributing				ı
	federal political committee.	C		250.00	
	Name of Employer Henry County Memorial Hos-	Occupation	n ancial Officer/Senior Vice Pr	7	
	pital Receipt For:		e Year-to-Date	_	
	Primary General	Aggregate	Flear-to-Date V	1	
	Other (specify)		250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Robert J Heckert, , Jr.			Date of Receipt	
	Mailing Address 1210 Bedford Road			M M / D D / Y Y Y Y	
				10 18 2006	
	City	State	Zip Code	Transaction ID: 13305077	
	Washington	IN	47501-2129	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.	<u> </u>		250.00	
	Name of Employer	Occupation	 n	-	
	Daviess Community Hospital		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
					_
Э.	Full Name (Last, First, Middle Initial) Mr. Blake A Dye			Date of Receipt	
	Mailing Address 2805 W. Co. Rd. 250 S			M M / D D / Y Y Y Y	
	Oth.	Ototo	7in Oada	10 18 2006	
	City Now Cootle	State IN	Zip Code	Transaction ID: 13305078	
	New Castle	IIN	47362	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
				_	
	Name of Employer Henry County Memorial Hos-	Occupation			
	pital		t and Chief Executive Officer	·	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)	' '	250.00		
			0 0 0 0 0 0	1	
					_
S	UBTOTAL of Receipts This Page (optional)			750.00	
T	OTAL This Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 / 110
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress 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)  Ms. Karen Haskins			Date of Receipt
Mailing Address Post Office Box 7340			10 13 7 9 9 9
City	State	Zip Code	Transaction ID: 13305184
Bismarck	ND	58507-7340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer North Dakota Healthcare	Occupation Vice Pres	n sident, Member Services	
Association Receipt For:		e Year-to-Date ▼	
Primary General	00 0		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  3. Mr. Douglas G. Vang			Date of Receipt
Mailing Address 502 Harwoood Drive			10 13 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13305188
<u>Fargo</u>	ND	58104-6276	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer MeritCare Health System	Occupation Senior Ex	n xecutive of Strategy Develop	me
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Roger L Gilbertson, , M.D.			Date of Receipt
Mailing Address 720 Fourth Street North			10 18 2006
City	State	Zip Code	Transaction ID: 13305198
<u>Fargo</u>	<u>ND</u>	58122-4520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MeritCare Health System	Occupation Presiden	n t and Chief Executive Office	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 110
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	ovietamanting and transports Departs and Ota			13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$	·			
	Full Name (Last, First, Middle Initial)			5. (5. )
A.	Mr. David Molmen			Date of Receipt
	Mailing Address 1000 South Columbia R	oad		10 18 2006
	City	State	Zip Code	Transaction ID: 13305211
	Grand Forks	ND	58201-4032	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Altru Health System	Occupation	1	
	Altru Health System	Chief Op	erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	250.00	1
	☐ Other (specify) ▼	0 0	230.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 700 Mustang Drive			10 18 2006
	City	State	Zip Code	Transaction ID: 13305218
	Bismarck	ND	58503-8204	Amount of Each Receipt this Period
			30303-0204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				_
	Name of Employer North Dakota Healthcare	Occupation		
	Association	Presiden		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	
C	Full Name (Last, First, Middle Initial) Mr. Michael V Sack			Date of Receipt
J.	Mailing Address 585 Lebanon Street			M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13305223
	Melrose	MA	02176-3225	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer Hallmark Health System	Occupation	า	
		l	t and Chief Executive Office	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)	0 0		1
s	SUBTOTAL of Receipts This Page (optional)			1500.00
T	<b>OTAL</b> This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 110 (check only one)  X 11a 11b 11c 12
Any	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ario di la dad	see of any pointed committee to	CONTRACTOR TO THE CONTRACTOR CONTRACTOR
۹.	Full Name (Last, First, Middle Initial) Mr. Frank Frazier			Date of Receipt
	Mailing Address 166 Quincy Shore Drive			10 13 2006
	City	State	Zip Code	Transaction ID: 13305224
	Quincy	MA	02171-2943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH Braintree Reh- abilitation H	Occupation Consultar		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Randy Doherty			Date of Receipt
	Mailing Address 250 Pond Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13305225
	Braintree	MA	02184-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH Braintree Reh-	Occupation		7
	abilitation H Receipt For:	Administr	Year-to-Date ▼	-
	Primary General Other (specify) ▼	- iggi egate	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Peter Racicot			Date of Receipt
	Mailing Address 250 Pond Street			10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13305226
	Boston	MA	02130-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HEALTHSOUTH Braintree Reh- abilitation H	Occupation Consultar		
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼		500.00	
SI	JBTOTAL of Receipts This Page (optional)		_	1000.00
-				

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 110
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	tamante mai	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	7 inorioan i roopital 7 iooodiation i 7 io			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Sharon A. Gale, RN, MSN			Date of Receipt
	Mailing Address 101 Cambridge Street			M M / D D / Y Y Y Y
	220			10 13 2006
	City	State	Zip Code	Transaction ID: 13305227
	Burlington	MA	01803-3766	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.			250.00
	Name of Employer Massachusetts Organization	Occupation		
	of Nurse Ex	Executive	e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		205.00	
	Other (specify)		325.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. David J Trull			Date of Receipt
	Mailing Address 1153 Centre Sreet			M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13305228
	Boston	MA	02130-3400	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
		10		
	Name of Employer Faulkner Hospital	Occupation		
			t and Chief Executive Officer	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	☐ Other (specify) ▼		200.00	
_	Full Name (Last, First, Middle Initial)			Data of Daggint
٠.	Ms. Nancy A. Crawford			Date of Receipt
	Mailing Address 1616 Lobdellavenue			10 13 2006
	City	State	Zip Code	Transaction ID: 13305244
	Baton Rouge	LA	70806-8246	
	•	<u> </u>	10000-0240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederai politicai committee.			
	Name of Employer	Occupation	n	7
	Woman's Hospital		sident, Medical Staff Service	s
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 3		1
	Other (specify)		250.00	
				1
S	UBTOTAL of Receipts This Page (optional)			750.00
_			······································	
T	OTAL This Period (last page this line number or	nlv)	<b>_</b>	
•	(.act page till lille lille lille)	,,		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 49 / 110
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
•	Full Name (Last, First, Middle Initial)			
A.	Mr. John A. Dresser			Date of Receipt
	Mailing Address One Kelly Lane			M M / D D / Y Y Y Y
				10 18 2006
	City	State	Zip Code	Transaction ID: 13305257
	Wayland	MA	01778-1034	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Familian	10		_
	Name of Employer Emerson Hospital	Occupation		
	Description.		sident, Development	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	.,	' '	250.00	
	Other (specify) ▼	0 0		
	F. H. N. Lander (Lands Effect & Mindrella Landral)			
В.	Full Name (Last, First, Middle Initial) Ms. Gail E. Allen			Date of Receipt
٥.	Mailing Address 28 Mill Road			M M / D D / Y Y Y Y
	Walling Address 20 Will Hoad			10 18 2006
	City	State	Zip Code	Transaction ID: 13305258
	Westborough	MA	01581-2902	Amount of Each Receipt this Period
	•	IVIZ	01301 2302	Amount of Each neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer	Occupation	1	
	Emerson Hospital	Director,	Financial Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-		1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Robert Kotsonis			Date of Receipt
	Mailing Address 25 Highland Avenue			M M / D D / Y Y Y Y
	0::			10 18 2006
	City	State	Zip Code	Transaction ID: 13305259
	Newburyport	MA	01950-3894	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer	Occupation	า	
	Anna Jaques Hospital		ident, Finance	
	Receipt For:		Year-to-Date ▼	-
	Primary General	, 1991 ogalo		1
	Other (specify)		250.00	
		0 0	1 1 1 1 1 1 1	4
_	IIPTOTAL of Possints This Page (anticert)			750.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
1				

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 / 110
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanos cammary rago	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James Mullen			Date of Receipt
	Mailing Address 270 Stepping Stone Driv	/e		10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13305260
	Alpharetta	GA	30004-4007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Heywood Hospital	Occupation Vice Pres	n sident, Patient Care Services	
	Receipt For:	1	Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. David M Barrett, , M.D.			Date of Receipt
	Mailing Address 41 Mall Road			10 18 2006
	City	State	Zip Code	Transaction ID: 13305261
	Burlington	MA	01805-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Lahey Clinic Hospital	Occupation Chief Exe	ecutive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	1500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Michael Regunberg			Date of Receipt
	Mailing Address Five New England Exec	utive Park		10 18 2006
	City	State	Zip Code	Transaction ID: 13305262
	Burlington	MA	01803-5010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Hospital As- sociation	Occupation Senior Vi	n ce President	
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		250.00	
				1500.00
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	100.00

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or i	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Richard Aubut			Date of Receipt
	Mailing Address 55 Fogg Road			10 18 2006
	City	State	Zip Code	Transaction ID: 13305263
	South Weymouth	MA	02190-2432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Shore Hospital	Occupation	n t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Charles C Franz, , CHE			Date of Receipt
	Mailing Address 4300 Bartlett Street			10 13 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13305295
	Homer	AK	99603-7000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Peninsula Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Linda Smith			Date of Receipt
	Mailing Address 1524 Creekside Lane		7: 0 :	10 18 2006
	City	State	Zip Code	Transaction ID: 13309858
	Green Bay	WI	54311-7348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Aurora BayCare Medical Ce- nter	Occupation CEO	1	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
_	Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any perso	<del></del>
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\geq$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Carl Brown			Date of Receipt
	Mailing Address 411 N. Front Street			10 13 2006
	City Sta Wilmington NC		Zip Code	Transaction ID: 13310796
			28401-3910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer New Hanover Regional Medi-	Occupation	1	7
	cal Center Receipt For:	Trustee	Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Joseph W. Crossett			Date of Receipt
	Mailing Address 411 Glendale			10 13 2006
	City		Zip Code	Transaction ID: 13311002
	Liberty	MO	64068-2811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Liberty Hospital	Occupation Administr		7
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) 🔻		400.00	
C.	Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler			Date of Receipt
	Mailing Address 3619 Stansbury Mill Ro	ad		10 13 2006
	City	State	Zip Code	Transaction ID: 13311887
	Phoenix	MD	21131-1730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa-	Occupation	n ommunications	
	tion Receipt For:		Year-to-Date <b>V</b>	-
	Primary General			1
	Other (specify) ▼	0 0	600.00	
s	UBTOTAL of Receipts This Page (optional)			1150.00
H			•	
T	OTAL This Period (last page this line number of	only)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIWIZED TILOLII 13			Detailed Summary Page	X 11a   11b   11c   12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Catherine M. Crowley			Date of Receipt
	Mailing Address 2100 Poplar Ridge Road			10 13 7 2006
	City	State	Zip Code	Transaction ID: 13311888
	Pasadena	MD	21122-3820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa- tion	Occupation Assistant	n t Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		600.00	
В.	Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller			Date of Receipt
	Mailing Address 6820 Deerpath Road			10 13 2006
	City	State	Zip Code	Transaction ID: 13311901
	Elkridge	MD	21075-6234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa-	Occupation V.P., Pro	n ofessional Activities	
	tion Receipt For:	l	e Year-to-Date ▼	
	Primary General	00 0	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼		600.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James Cannon			Date of Receipt
	Mailing Address 12844 Military Road Sou	ıth		10 06 YYYYY 10 06 2006
	City	State	Zip Code	Transaction ID: 13314275
	Tukwila	WA	98168-3094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Regional Hospital for Res- piratory and	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify)		250.00	
	LIPTOTAL of Descripts This Descriptor II		_	1450.00
டு	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 110
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Elizabeth Gilje			Date of Receipt
Mailing Address 400 Warren Avenue			10 06 YYYYY 10006
City	State	Zip Code	Transaction ID: 13314276
Bremerton	WA	98337-1487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer KPS Health Plans	Occupatio Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Mr. Stuart Hennessey			Date of Receipt
Mailing Address 14432 SE Eastgate W	10 06 2006		
City	State	Zip Code	Transaction ID: 13314277
Bellingham	WA	98007-6412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PeaceHealth	Occupatio Senior V	n ice President Legal Services	a
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Ms. Judy Hodgson			Date of Receipt
Mailing Address 2830 206th Terrace NE			M M / D D / Y Y Y Y
		7.0.1	10 06 2006
City Sammamish	State WA	Zip Code 98074-4369	Transaction ID: 13314279  Amount of Each Receipt this Period
FEC ID number of contributing		30074-4303	
federal political committee.	C		250.00
Name of Employer PeaceHealth	Occupatio Sr. Vice	<sup>n</sup> President, Organizational De	v
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Leo F. Greenawalt			Date of Receipt
Mailing Address 4423 E. Sequim Bay Road				10 06 7 2006
	City	State	Zip Code	Transaction ID: 13315247
	Sequim	WA	98382-9679	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Washington State Hospital	Occupation	n t and Chief Executive Officer	
	Association Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Gail C Larson			Date of Receipt
	Mailing Address P O Box 1147		10 06 2006	
	City	State WA	Zip Code	Transaction ID: 13315248
	Everett Everet E		98206-1147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Providence Everett Medical	Occupation		
	Center Receipt For:		ecutive Officer Year-to-Date	-
	Primary General	7.99.094.0		
	Other (specify) ▼	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Janet Liang			Date of Receipt
	Mailing Address 2700 152nd Avenue NE			10 06 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13315249
	Redmond	WA	98052-5560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Eastside Hospital and Spe-	Occupation		7
	cialty Center		ecutive Officer Year-to-Date ▼	4
	Receipt For: Primary General	Aggregate	r rear-lo-Dale ▼	
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	1500.00
			•	
T	OTAL This Period (last page this line number onl	ly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 56 / 110
•			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$				
Full Name (Last, First, Middle Initial)  A. Mr. Peter Morgan				Date of Receipt
Α.		rthooot		M M / D D / Y Y Y Y
	Mailing Address 2700 125nd Avenue Northeast  City State  Redmond WA			10 06 2006
			Zip Code	Transaction ID: 13315251
			98052	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	l Ossunation	•	_
	Name of Employer Eastside Hospital and Spe-	Occupation	ecutive Officer	
	cialty Center Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0	Tour to Bato V	
	Other (specify) ▼		500.00	
				_
	Full Name (Last, First, Middle Initial)			
В.		Date of Receipt		
	Mailing Address 14432 SE Eastgate Wa	10 06 Y Y Y Y Y Y Y		
	City	Zip Code		
	Bellevue	State WA	98007-6493	Transaction ID: 13315252
	•	VVA	96007-6493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PeaceHealth	Occupation		
		Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	' '	500.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	_
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Skip Kriz			Date of Receipt
	Mailing Address 2095 Lakeview Drive			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13315817
	Eugene	OR	97408-7207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederar political committee.			
	Name of Employer PeaceHealth	Occupation	า	
			ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	
	Other (specify) ▼			_
$\overline{}$				
,	UBTOTAL of Receipts This Page (optional)			1250.00
$\vdash$	ODIVIAL OF NECERPLS THIS Page (Optional)			
+	OTAL This Period (last page this line number o	nlv) .		
	· · · · · · · · · · · · · · · ·			·

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 110
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gary V Peck			Date of Receipt
	Mailing Address P O Box 197			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13315899
	Chewelah	WA	99109-0197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph's Hospital	Occupation Administ		7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	500.00	]
В.	Full Name (Last, First, Middle Initial) Ms. Brenda Suiter			Date of Receipt
	Mailing Address 300 Elliott Avenue West Suite 300	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13315973
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Washington State Hospital Association Receipt For: Primary General	· ·	n Rural & Public Health Policy e Year-to-Date ▼	<u>'</u>
	Other (specify) ▼	0 0	250.00	]
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Scott E. Armstrong			Date of Receipt
	Mailing Address 3855 44th Avenue NE			10 06 2006
	City	State	Zip Code	Transaction ID: 13316043
	Seattle	WA	98105-5448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Eastside Hospital and Spe- cialty Center	l	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_				
1				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$				-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Randy Revelle			Date of Receipt
	Mailing Address 2809 39th Avenue West			10 06 YYYYY 10006
	City	State	Zip Code	Transaction ID: 13316120
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Washington State Hospital	Occupation	sident, Policy & Public Affair	
	Association Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Gregory C. Van Pelt			Date of Receipt
Mailing Address PO Box 389672				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13316206
	Seattle	WA	98138-9672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Providence Health & Servi-	Occupation		
	ces Receipt For:		Chief Regional Operations C Year-to-Date ▼	
	Primary General	, iggi ogalo		
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Mr. J. Michael Horsley			Date of Receipt
	Mailing Address 8107 Henslow Court			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13317708
	Montgomery	AL	36117-7475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Alahama Hospifal Associat	Occupation		
	ion Receipt For:		t and Chief Executive Officer Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify) ▼		1000.00	
S	UBTOTAL of Receipts This Page (optional)			2000.00
т,	OTAL This Period (last nage this line number only	<i>(</i> )	•	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 59 / 110			
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	I — — —	1c		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such	1 committee.		
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Ms. Linda U Jordan  Mailing Address P O Box 1270			Date of Receipt	Y V Y V		
	Walling Address P O Box 1270			10 10	2006		
	City Ashland	State AL	Zip Code 36251-1270	Transaction ID: 13317			
	FEC ID number of contributing federal political committee.	C	30231-1270	Amount of Each Receip	500.00		
	Name of Employer Clay County Hospital	Occupation Administ					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00				
В.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M Brannon			Date of Receipt			
	Mailing Address 400 North Edwards Street			1 0 1 0 /	2006		
	City	State	Zip Code	Transaction ID: 13317	Transaction ID: 13317713		
	Enterprise	AL	36330-2510	Amount of Each Receip	t this Period		
	FEC ID number of contributing federal political committee.	С			500.00		
	Name of Employer Medical Center Enterprise	Occupation	n ecutive Officer				
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Ms. C.A. Faulkner			Date of Receipt			
Ο.	Mailing Address 1533 Eden View Circle			1 0 / 1 0 /	2006		
	City	State AL	Zip Code 35244-4118	Transaction ID: 13317			
	Hoover FEC ID number of contributing		33244-4118	Amount of Each Receip	1 1 1 1 1		
	federal political committee.	C			450.00		
	Name of Employer Baptist Princeton	Occupation President					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		450.00				
s	UBTOTAL of Receipts This Page (optional)				1450.00		
Т	TOTAL This Period (last page this line number only)						

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 60 / 110
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			z otalica zaminaly i age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Ronald S Owen			Date of Receipt
	Mailing Address P O Box 6987			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13317717
	Dothan	AL	36302-6987	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Southeast Alabama Medical Center	Occupation	n ecutive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)	1	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gene Taylor			Date of Receipt
	Mailing Address 701 Princeton Avenue S	SW		M M / D D / Y Y Y Y
		10 10 2006		
	City	State	Zip Code	Transaction ID: 13317719
	Birmingham	AL	35211-1305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	l Ossumation	•	_
	Name of Employer Baptist Princeton	Occupation	ancial Officer	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	r rear-to-bate V	1
	Other (specify)		300.00	
	(ip : 2) •	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Regina Yarbrough			Date of Receipt
	Mailing Address 3201 4th Avenue South			10 10 2006
	City	State	Zip Code	Transaction ID: 13317721
	Birmingham	AL	35222-1723	Amount of Each Receipt this Period
	FEC ID number of contributing		* * * * * *	200.00
	federal political committee.	С		300.00
	Name of Employer Baptist Health System	Occupation Chief Nur	n rsing Officer	
	Receipt For:	+	Year-to-Date ▼	
	Primary General	35 0		1
	Other (specify)	1	300.00	
_				
s	UBTOTAL of Receipts This Page (optional)			900.00
$\vdash$				

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Postlethwait			Date of Receipt
	Mailing Address 4312 Fair Oaks Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13317724
	Birmingham	AL	35213-3306	Amount of Each Receipt this Period
	•	7 (=	56210 5650	Amount of Each recopt this renod
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Baptist Princeton	Occupation Chief Op	n erating Officer	
	Receipt For:	<del></del>	Year-to-Date ▼	
	Primary General		<del></del>	1
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Ms. Ellen C Briley			Date of Receipt
	Mailing Address 987 Drayton Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13317725
	Elba	AL	36323-1494	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	
	Elba General Hospital	Administ	rator and Chief Executive Of	fi
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify)		250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Douglas P Cropper			Date of Receipt
	Mailing Address 3300 Gallows Road			10 06 2006
	City	State	Zip Code	Transaction ID: 13323887
	Falls Church	VA	22042-3307	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	С		250.00
	Name of Employer Inova Fairfax Hospital	Occupation Administration		
	Receipt For:	1	Year-to-Date <b>V</b>	$\dashv$
	Primary General	Aggregate	FIEAI-IO-Date V	
	Other (specify)		250.00	
	UDTOTAL «CD» 11 TU D			800.00
S	UBTOTAL of Receipts This Page (optional)			
	OTAL This Period (last page this line number or		_	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 62 / 110
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Les Abernathy			Date of Receipt
	Mailing Address 1001 Sam Perry Boulev	/ard		10 06 2006
	City	State	Zip Code	Transaction ID: 13323888
	Fredericksburg	VA	22401-3354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mary Washington Hospital	Occupation Executive	n e Vice President, Corporate S	Ge Ge
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Rodney F Hochman, , M.D.			Date of Receipt
	Mailing Address 6015 Poplar Hall Drive Ste. 300			10 06 2006
	City	State	Zip Code	Transaction ID: 13323891
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Norfolk General	Occupation Senior Vi	n ce President, Administrator	
	Hospital Receipt For:	_	Year-to-Date ▼	<u>~</u>
	Primary General	39 -3		
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Patrick Walters			Date of Receipt
	Mailing Address 8321 Private Lane			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13323892
	Annandale	VA	22003-4473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Inova Loudoun Hospital	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify)		250.00	
				750.00
S	UBTOTAL of Receipts This Page (optional)		······	730.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 110
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, , , ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Dewey R. Pittman			Date of Receipt
	Mailing Address 12207 McClain Street			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13323895
	Fredericksburg	VA	22407-6660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mary Washington Hospital	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Rodney Huebbers			Date of Receipt
	Mailing Address 17646 Stonegait Court			10 06 2006
	City	State	Zip Code	Transaction ID: 13323897
	Round Hill	VA	20141-2264	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Inova Loudoun Hospital	Occupation Presiden	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. Robert Vaughan			Date of Receipt
٥.	Mailing Address 1839 Mt. Vernon Road			M M / D D / Y Y Y Y
	Maining Address 1639 Mil. Vernon Hoad			10 06 2006
	City	State	Zip Code	Transaction ID: 13323898
	Roanoke	VA	24015-2906	
	FEC ID number of contributing federal political committee.	C	24013-2900	Amount of Each Receipt this Period  250.00
	Name of Employer	Occupation	n	_
	Carilion Health System	VP Finar	nce	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	1
	Other (specify) 🔻	0 0	230.00	1
	UBTOTAL of Receipts This Page (optional)		_	750.00
ا ع	ODICIAL OF RECEIPES THIS FAGE (OPHOHAI)			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 64 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Grace Hines			Date of Receipt
	Mailing Address 170 Spoon Court			10 06 2006
	City.	Ctoto	7in Codo	
	City Yorktown	State VA	Zip Code	Transaction ID: 13323899
		VA	23693-5591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation		
	Descipt For:	Vice Pres		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
	outlet (openity) V	0 0	1 1 1 1 1 1 1	
3.	Full Name (Last, First, Middle Initial) Mr. Briggs W Andrews			Date of Receipt
	Mailing Address P O Box 13367			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13323900
	Roanoke	VA	24033-3367	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	┪
	Carilion Health System		ce President Legal Services	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Descipt
٠.	Mr. Wallace Nelson  Mailing Address 515 Stonewall Street			Date of Receipt
	Mailing Address 515 Storiewali Street			10 06 2006
	City	State	Zip Code	Transaction ID: 13323902
	Salem	VA	24153-2810	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	2	4
	Twin County Regional Hosp-	Trustee	ı	
	ital Receipt For:		e Year-to-Date ▼	-
	Primary General	7.99.094.0		1
	Other (specify) ▼	1	250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 65 / 110
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	lress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Charles Black, , Jr.			Date of Receipt
	Mailing Address P O Box 1310			M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13324121
	Mount Vernon	KY	40456-1310	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation		-
	Name of Employer Rockçastle Hospital and		ancial Officer	
	Respiratory Ca Receipt For:			_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Ciriei (specify)	1 1		J.
_	Full Name (Last First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Mr. Milton Brooks, , III			Date of Receipt
	Mailing Address Post Office Box 591			M M / D D / Y Y Y Y
	Walling Address 1 Ost Office Box 551			10 13 2006
	City	State	Zip Code	Transaction ID: 13324123
	Pineville	KY	40977-0591	Amount of Each Receipt this Period
				7 tillount of Edon't toolpt tillo 1 chod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Pineville Community Hospi-	Occupation	1	
	tal Associati	CEO		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			Date of Decelet
C.	Mr. Stephen A Estes			Date of Receipt
	Mailing Address P O Box 1310			10 13 2006
	City	State	Zip Code	
	Mount Vernon		•	Transaction ID: 13324127
		KY	40456-1310	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer Rockcastle Hospital and	Occupation	1	7
	Rockcastle Hospital and Respiratory Ca		ecutive Officer	
	Receipt For:		Year-to-Date ▼	7
	Primary General	35 0		1 I
	Other (specify) ▼		500.00	
				1
	UBTOTAL of Receipts This Page (optional)			1250.00
$\vdash$				-

20	HEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 66 / 110
			Use separate schedule(s)	(check only one)	
ITE	MIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
Any	information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of solicit	ing contributions
or fo	r commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\ N	IAME OF COMMITTEE (In Full)				
<i>&gt;</i>	American Hospital Association PAC				
_	ull Name (Last, First, Middle Initial) Ir. Mark M Gordon			Date of Receipt	
M	failing Address P O Box 789			1 0 / D D D 1 3	2006
С	ity	State	Zip Code	Transaction ID: 13	324129
<u> </u>	Ashland	KY	41105-0789	Amount of Each Red	ceipt this Period
	EC ID number of contributing ederal political committee.	C			250.00
	lame of Employer Our Lady of Bellefonte Ho-	Occupation	n ecutive Officer		
	pital leceipt For:	1	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	0 0	250.00		
	ull Name (Last, First, Middle Initial) Ir. David L Gray			Date of Receipt	
N	failing Address 913 North Dixie Avenue			10 / 13	2006
С	ity	State	Zip Code	Transaction ID: 13	324130
<u>E</u>	Elizabethtown	KY	42701-2599	Amount of Each Red	ceipt this Period
	EC ID number of contributing ederal political committee.	С			500.00
N	ame of Employer lardin Memorial Hospital	Occupation President			
R	leceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	500.00		
_	ull Name (Last, First, Middle Initial) Ir. Carl G Herde			Date of Receipt	
_	failing Address 4007 Kresge Way			1 0 / D D D 1 3	2006
	ity	State	Zip Code	Transaction ID: 13	
L	ouisville	KY	40207-4677	Amount of Each Red	ceipt this Period
	EC ID number of contributing ederal political committee.	С			250.00
N E	ame of Employer aptist Healthcare System	Occupation Vice Pres	n sident and Chief Financial O	ff	
R	eceipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		230.00	1	
SUE	BTOTAL of Receipts This Page (optional)				1000.00
				-	
TO	<b>FAL</b> This Period (last page this line number or	าly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 67 / 110
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
An or	y information copied from such Reports and Si for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Robert J Hudson			Date of Receipt
	Mailing Address P O Box 1600			10 13 2006
	City	State	Zip Code	Transaction ID: 13324132
	Richmond	KY	40476-2603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pattie A. Clay Regional Medical Center	Occupation President	n t and Chief Executive Office	er
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Keith Inman			Date of Receipt
	Mailing Address 3227 Trail Ridge Road			10 13 7 2006
	City	State	Zip Code	Transaction ID: 13324133
	Louisville	KY	40241-6405	Amount of Each Receipt this Period
	Louisville FEC ID number of contributing federal political committee.	C	40241-6405	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing		1	
	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:	Occupation Vice Pres	1	
	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital	Occupation Vice Pres	n sident	
	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For: Primary General	Occupation Vice Pres	n sident • Year-to-Date ▼	
c.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Occupation Vice Pres Aggregate	n sident • Year-to-Date ▼	250.00
c.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss Mailing Address 1301 North Race Stree	Occupation Vice Pres Aggregate	n sident • Year-to-Date ▼	Date of Receipt
C.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss  Mailing Address 1301 North Race Stree	Occupation Vice Pres Aggregate	n sident Year-to-Date ▼ 250.00	Date of Receipt  10 10 13 250.00
c.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss Mailing Address 1301 North Race Stree	Occupation Vice Pres Aggregate	n sident e Year-to-Date ▼  250.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss  Mailing Address 1301 North Race Stree  City Glasgow  FEC ID number of contributing	C Occupation Vice Press Aggregate  t State KY C Occupation Chief Exe	Zip Code 42141-3483	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss Mailing Address 1301 North Race Stree  City Glasgow  FEC ID number of contributing federal political committee.  Name of Employer T. J. Samson Community Hospital Receipt For:	C Occupation Vice Press Aggregate  t State KY C Occupation Chief Exe	Tip Code 42141-3483	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss Mailing Address 1301 North Race Stree  City Glasgow  FEC ID number of contributing federal political committee.  Name of Employer T. J. Samson Community Hospital	C Occupation Vice Press Aggregate  t State KY C Occupation Chief Exe	Zip Code 42141-3483	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss  Mailing Address 1301 North Race Stree  City Glasgow  FEC ID number of contributing federal political committee.  Name of Employer T. J. Samson Community Hospital Receipt For:  Primary General	C Occupation Vice Press Aggregate  t State KY C Occupation Chief Exe	Zip Code 42141-3483  Cocutive Officer  E Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Jewish Hospital  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dwayne Moss  Mailing Address 1301 North Race Stree  City Glasgow  FEC ID number of contributing federal political committee.  Name of Employer T. J. Samson Community Hospital Receipt For:  Primary General	C Occupation Vice Pres Aggregate  t State KY  C Occupation Chief Exe Aggregate	Zip Code 42141-3483  Cocutive Officer  EYear-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 110
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Tommy J Smith			Date of Receipt
	Mailing Address 4007 Kresge Way			10 13 2006
	City	State	Zip Code	Transaction ID: 13324153
	Louisville	KY	40207-4677	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Baptist Healthcare System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gary L Brewer			Date of Receipt
	Mailing Address P O Box 1970			10 06 2006
	City	State	Zip Code	Transaction ID: 13324344
	Glenwood Springs	CO	81602-1970	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	-
	Valley View Hospital		ecutive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	riggrogato	Tour to Bute V	1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Peter D. Freytag			Date of Receipt
	Mailing Address 151 West Oak Hills Driv	/e		10 06 7 2006
	City	State	Zip Code	Transaction ID: 13324358
	Castle Rock	CO	80108-9260	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Colorado Health & Hospital	Occupation		
	Association		sident and COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	'''	250.00	
	Other (specify)			
1.				1000.00
Ls	UBTOTAL of Receipts This Page (optional)		······	100000
1				

PAGE 69 / 110 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Marty Arizumi Mailing Address 7335 East Orchard Road 2006 10 06 #100 Zip Code City State Transaction ID: 13324359 Englewood CO 80111-2582 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Colorado Health & Hospital Occupation Policy Analyst Association Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jeffrey D Selberg Date of Receipt Mailing Address 2420 West 26th Ave, Ste 100-D 06 2006 City State Zip Code Transaction ID: 13324368 Denver CO 80211-5302 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Exempla Healthcare, Inc. Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Ms. Cynthia Duncan Date of Receipt Mailing Address 1115 East Jasmine 2006 10 16 Citv State Zip Code Transaction ID: 13358999 Frederick OK 73542-4020 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Memorial Hospital and Phy-Occupation Director, Human Resources sician Group Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional) .....

S	CHEDULE A (FEC Form 3X)		Llas congreta cohodula(a)	FOR LINE NUMBER: PAGE 70 / 110
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial)  Mr. Christopher Howard			Date of Receipt
	Mailing Address PO Box 205			10 16 2006
	City	State	Zip Code	Transaction ID: 13359003
	Oklahoma City	OK	73101-0205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SSM Health Care of Oklaho- ma	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jeffrey A. Johnston			Date of Receipt
	Mailing Address 1011 14th Street North	west		10 16 2006
	City	State	Zip Code	Transaction ID: 13359004
	Ardmore	OK	73401-1828	Amount of Each Receipt this Period
	Ardmore FEC ID number of contributing federal political committee.	OK OK	73401-1828	
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Cen-	C		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation Hospital		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center	Occupation Hospital	n Administrator	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For:  Primary General	Occupation Hospital	n Administrator Year-to-Date ▼	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Occupation Hospital	n Administrator Year-to-Date ▼	Amount of Each Receipt this Period  375.00
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial) Ms. Linda Jones	Occupation Hospital	n Administrator Year-to-Date ▼	Amount of Each Receipt this Period  375.00  Date of Receipt
 C.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street	Occupation Hospital Aggregate	Administrator Year-to-Date   500.00	Date of Receipt  Date of Receipt  10  16  Amount of Each Receipt this Period  375.00
C.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street City	Occupation Hospital Aggregate	Administrator Year-to-Date   500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street  City Frederick FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital and Phy-	C Occupation Hospital Aggregate  State OK  C Occupation	Administrator  Year-to-Date ▼  500.00  Zip Code  73542-5629	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street  City Frederick FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital and Physician Group Receipt For:	Occupation Hospital Aggregate  State OK  C  Occupation Nursing	Administrator  Year-to-Date ▼  500.00  Zip Code  73542-5629	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street  City Frederick  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital and Physician Group	Occupation Hospital Aggregate  State OK  C  Occupation Nursing	Administrator  Year-to-Date ▼  500.00  Zip Code  73542-5629	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street  City Frederick FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital and Physician Group Receipt For: Primary General	C Occupation Hospital Aggregate OK C Occupation Nursing Aggregate	Zip Code 73542-5629  Administrator  Year-to-Date   Zip Code 73542-5629  Administrator  Year-to-Date   250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Mercy Memorial Health Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Linda Jones Mailing Address 122 North 12th Street  City Frederick FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital and Physician Group Receipt For: Primary General Other (specify)  General	C Occupation Hospital Aggregate OK C Occupation Nursing Aggregate	Zip Code 73542-5629  Administrator  Year-to-Date   Zip Code 73542-5629  Administrator  Year-to-Date   250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)		Han annual colored to 1	FOR LINE NUMBER: PAGE 71 / 110
ITEMIZED RECEIPTS	•21,	Use separate schedule(s) or each category of the	(check only one)
I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Any information against from such Don			13 14 15 16 17
or for commercial purposes, other than	n using the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Associatio	n PAC		
Full Name (Last, First, Middle Initia A. Mr. Randall K Segler	l)		Date of Receipt
Mailing Address P O Box 129			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13359010
Lawton	OK	73502-0129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Comanche County Memorial Hospital Receipt For:  Primary General Other (specify) ▼	1	ecutive Officer Year-to-Date  500.00	
Full Name (Last, First, Middle Initia 3. Mr. Bobby G Thompson	l)		Date of Receipt
Mailing Address 1011 14th Str	eet NW		10 16 YYYYY 10 16 2006
City	State	Zip Code	Transaction ID: 13359011
Ardmore	OK	73401-1828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Memorial Health Cen-	Occupation		
ter		t and Chief Executive Office	r
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia	l)		Date of Receipt
Mailing Address 319 East Jose	ephine		10 16 YYYYY 10 16 2006
City	State	Zip Code	Transaction ID: 13359012
<u>Frederick</u>	OK	73542-2220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Memorial Hospital and Phy-	Occupation		
sician Group	Administ		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (	optional)		1000.00
			_

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 72 / 110
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Aven			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595117721
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation	n e Director	
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	420.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1045726217721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation VP & Chi	n ief Washington Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		840.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		040.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1113464217721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt	Section [		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
	Other (specify)	0 0	0 0 0 0 0 0 0	Veekly)
s	UBTOTAL of Receipts This Page (optional)			70.00
_	OTAL This Deviced (less name this line number or	alv)		
- 1	OTAL This Period (last page this line number or	п <b>у</b> )		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 / 110
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Δ	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
-	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	City	State	Zip Code	ID DD110F010017701
	City Washington	DC	•	Transaction ID: PR1125613617721
	•	ЪС	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation	n ssociate Director	
	tion-Washingt Receipt For:		Year-to-Date ▼	-
	Primary General	riggregate	Tour to Bate V	P/P Doduction (\$20.00 Pi
	Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
٠.	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727317721
	Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago		sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	' '	840.00	P/R Deduction (\$40.00 Bi- Weekly)
				Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	C1-1-	Zin Cod-	
	City Rockville	State MD	Zip Code 20852-3249	Transaction ID: PR327745917721
		IVID	20002-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n	$\neg$
	tion-Washingt	Director,	Grassroots Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		840.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	040.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			100.00
	. 5 . ,			
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 74 / 110 (check only one)  X 11a 11b 11c 12
-	<del>-</del>		Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777217721
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Long-Term Care	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777817721
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		sident, Member Relations e Year-to-Date ▼	-
	Primary General	7 iggi ogaic		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	210.00	Weekly)
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801717721
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:	-	e Vice President e Year-to-Date ▼	_
	Primary General Other (specify) ▼	riggrogate	420.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			40.00
	OTAL This Period (last page this line number o			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 75 / 110
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812017721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Organization of	Occupation	n e Director	7
	Nurse Executi Receipt For:			_
	Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		420.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851917721
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation	n Policy Development	
	tion-Washingt Receipt For:		Year-to-Date ▼	-
	Primary General	Aggregate	, Teal to Bate V	P/P Doduction (\$20.00 Pi
	Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858017721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Washingt	Executive	e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	040.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	840.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			80.00
_	OTAL This Davied (lost need this line number of	also)		
- 1	OTAL This Period (last page this line number or	пу)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 110 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{0}{2}$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	ame and add	aress or any political committee to	Solicit contributions from Such committee.
_	·			1
۹.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877817721
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago Receipt For:		Executive e Year-to-Date ▼	_
	Primary General	Aggregate	e Teal-lo-Dale ▼	P/R Deduction (\$41.66 Bi-
	Other (specify) ▼	0 0	874.86	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327942117721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation Presiden		
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James Henderson			Date of Receipt
٠.	Mailing Address One North Franklin Stre	et		M M / D D / Y Y Y Y
	Chicago	State II	Zip Code	Transaction ID: PR328094117721
	Chicago	IL.	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		orate Counsel e Year-to-Date	_
	Primary General Other (specify) ▼	Aggregate	210.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			91.66
	OTAL This Period (last page this line number or			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 110
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	arrie ariu auc	diess of any political committee to	Solicit Contributions from Such Committee.
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136917721
	<u>La Grange</u>	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	n President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223817721
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224817721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			100.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 110 (check only one)  X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224917721
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice	n President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328241417721
	Eagle	<u>ID</u>	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		27.78
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		Executive e Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$27.78 Bi-
	Other (specify) ▼	0 0	361.14	Weekly)
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328260917721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa-	Occupation		$\neg$
	tion-Washingt		e Vice President	4
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1680.00	P/R Deduction (\$80.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)			147.78
	OTAL This Period (last page this line number or			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE /9/110
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M " M / D " D / Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328310417721
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt		President, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312717721
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ice President	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		840.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	I		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341817721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n Political Action & Grassroot	
	tion-Washingt Receipt For:		Year-to-Date ▼	1
	Primary General	00 0		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	840.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			120.00
	OTAL This Period (last page this line number o			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 110			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person				
or	for commercial purposes, other than using the	name and ado	dress of any political committee to s	solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
A.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt			
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y			
	City	State	Zip Code	<b>Transaction ID:</b> PR328511817721			
	Yardley	PA	19067-5736	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		47.60			
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	Executive				
	Receipt For:		Year-to-Date ▼	1			
	Primary General		702.60	P/R Deduction (\$47.60 Bi-			
	Other (specify)	0 0	723.60	Weekly)			
В.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt			
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR328512017721			
	Arlington	VA	22205-1655	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer American Hospital Associa-	Occupation	ı	1			
	tion-Washingt		sident, Media Relations				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt			
	Mailing Address AHA			M M / D D / Y Y Y Y			
	One North Franklin Stre	eet					
	City	State	Zip Code	Transaction ID: PR329013417721			
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer American Hospital Associa-			1			
tion-Chicago			Psychiatric and Substance A	<u>b</u>			
	Receipt For: A		Year-to-Date ▼	D/D D			
	Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)			
S	UBTOTAL of Receipts This Page (optional)	87.60					
$\vdash$	COLOTAL OF HOSCIPIO THIS Lage (optional)		<u> </u>				
Т.	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 110
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329071317721
	Harrisburg	PA	17110-3573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Center for Healthcare Gov- ernance	Occupation Presiden	n t and COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	720.00	P/R Deduction (\$60.00 Bi-
	Other (specify) ▼	0 0	720.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215717721
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	,	Executive	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (0.40 00 D'
	Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. John Evans			Date of Receipt
	Mailing Address One North Franklin Stre	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329342617721
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation CFO	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			110.00
			·	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 82 / 110			
			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
۸.	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris			Date of Receipt			
	Mailing Address 1136 W. Farwel Unit 1W			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR329654217721			
	Chicago	IL	60626-3861	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		10.00			
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive	n e Director, ASDVS				
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)			
 3.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt			
	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M " M / D " D / Y " Y " Y " Y			
	City	State	Zip Code	Transaction ID: PR330273417721			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer American Hospital Associa-	Occupation	1				
	tion-Washingt		ssociate Director				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		420.00	P/R Deduction (\$20.00 Bi- Weekly)			
	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt			
	Mailing Address One North Franklin			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR330343317721			
	Chicago	IL	60606-3436	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		10.00			
	Name of Employer	Occupation	า	7			
	American Hospital Associa- tion-Chicago	1	e Services Director				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)			
s	SUBTOTAL of Receipts This Page (optional)						
			•				
T	OTAL This Period (last page this line number or	nly)	<b>)</b>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED RECEIF 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
\ <u>\</u>	NAME OF COMMITTEE (In Full)	ine and add	areas or any political committee to	Solicit Contributions from Such Committee.
	American Hospital Association PAC			
$\angle$	American Hospital Association FAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330475417721
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n	
	tion-Chicago	Regional	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		840.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	0.10.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534317721
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Sr. Assoc	ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		420.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		120.00	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
_	Mailing Address 530 North Lakeshore Driv	ve		M M / D D / Y Y Y Y
	Unit 2303 City	State	Zip Code	Transaction ID: PR330547717721
	Chicago	IL	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		$\neg$
	tion-Chicago		sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Other (specify) ▼	0 0		Victiny)
s	UBTOTAL of Receipts This Page (optional)			80.00
$\vdash$			•	
1	<b>OTAL</b> This Period (last page this line number onle	ıy)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 110
	•		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330549217721
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	420.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776117721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.74
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt		ocacy & Member Communi	cations
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		391.32	P/R Deduction (\$21.74 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 2303 Burke Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304217721
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	-	nocacy & Communications  e Year-to-Date	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			51.74
	OTAL This Period (last page this line number of	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 110
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331386917721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation Senior As	n ssociate Director	
	tion-Washingt Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		210.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416017721
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer American Hospital Associa- tion	Occupation AHA Reg	n ional Executive for TX	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	874.86	P/R Deduction (\$41.66 Bi- Weekly)
 C.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533217721
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	<b>!</b>	sident, Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		820.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			91.66
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 110
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR346168117721
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.41
	Name of Employer American Hospital Associa-	Occupation	n e Director, ASHRM	
	tion-Chicago Receipt For:		e Year-to-Date ▼	-
	Primary General	7.99.094.0		P/R Deduction (\$10.41 Bi-
	Other (specify) ▼		218.61	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619717721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ciate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR801366317721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Senior As	ssociate Dir. Policy Developr	n <b>e</b>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		210.00	P/R Deduction (\$10.00 Bi-
	Other (specify)		210.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			40.41
_	OTAL This Davied (lost nose this line number	also)		
- 1	OTAL This Period (last page this line number or	пу)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87/110
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and	Statements ma	v not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using th	e name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Lisa Kidder			Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	1W		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR876637217721
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer American Hospital Associa-	Occupatio Senior A	n ssociate Director	
tion-Washingt Receipt For:		e Year-to-Date ▼	
Primary General Other (specify)		210.00	P/R Deduction (\$10.00 Bi- Weekly)
·			
Full Name (Last, First, Middle Initial)  Ms. Sheila R. Meadows			Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	1W		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR936292317721
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer American Hospital Associa-	Occupatio		
tion-Washingt		of Operations	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1 (010 00 D)
Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)  C. Mr. David A. Strickland			Date of Receipt
Mailing Address One N. Franklin Stree	et		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR939603917721
Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer American Organization of	Occupatio		7
Nurse Executi		of Operations	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .			30.00
			80755.47
TOTAL This Period (last page this line numbe	r only)	<b>.</b>	00/35:4/

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

FOR LINE NUMBER: PAGE 88 / 110 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Date of Receipt Mailing Address One Empire Drive 10 02 2006 City State Zip Code Transaction ID: 13164573 Rensselaer NY 12144 Amount of Each Receipt this Period FEC ID number of contributing 20000.00 C C00160259 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	20000.00
TOTAL This Period (last page this line number only)	<b>•</b>	20000.00

	SILEBOLE B (I LCI OIIII 3X)	Use seperate schedule(s	3)		OR LINE		:H:		L	PAGE	= 89 /	110
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		P		22 28a		23 28b	$\vdash$	4 8c	25 29	26 30b
	y Information copied from such Reports and State											ıs
or	for commercial purposes, other than using the na	me and address of any politica	ai com	ım	ittee to so	olicit conti	ribui	ions tr	om su	on com	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American Hospital Association 1 Ao											
Α.	Full Name (Last, First, Middle Initial)									9678		
Α.	Merchant Bankcard						_	isburs		V	V V	V
	Mailing Address 1601 Elm Street					1 0		<u> </u>	) 3 <sup>/</sup>		ž 0 Ď (	<b>3</b>
	City	State Zip Code				Amou	ınt c	f Each	Disbu	ırseme	nt this	Period
	Dallas	TX 75201	1							-	80.	00
	Purpose of Disbursement Merchant Fee		П	0	01		-	•				
	Candidate Name		Ca	ate	egory/							
				Ту	<i>r</i> ре							
	Office Sought: House Disbur	sement For:  Primary General				Mercl	nan	t Fee				
	President	Other (specify)										
	State: District:											
В.	Full Name (Last, First, Middle Initial)  Merchant Bankcard								: 1335	9681		
	Merchant Bankcard						of D	isburs		Y	Y Y	Υ
	Mailing Address 1601 Elm Street					1 0			) <b>4</b>		ž 0 ŏ (	5
	City Dallas	State Zip Code TX 75201				Amou	ınt c	f Each	Disbu	ırseme	nt this	Period
	Purpose of Disbursement	17 /3201									138.	40
	Merchant Fee			0	01		_					
	Candidate Name				egory/ vpe							
	°	sement For:				Mercl	nan	t Fee				
	Senate President	Primary General Other (specify) ▼										
	State: District:	- a (apas)) •										
_	Full Name (Last, First, Middle Initial)								: 1335	9682		
C.	American Express						of D м	isburs		V		V
	Mailing Address Ste. 001					1 <sup>M</sup> 0	IVI	′	6		ž 0 Ď (	3
	City Chicago	State Zip Code IL 60679				Amou	ınt c	f Each	Disbu	ırseme	nt this	Period
	Purpose of Disbursement Merchant Fee			0	01						7.	75
	Candidate Name		Ca	ate	egory/ /pe							
	Office Sought: House Disbur	sement For:				Mercl	าวท	t E00				
	Senate	Primary General				IVICICI	ıaıı	1166				
	State: President State:	Other (specify) ▼										
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or	for commercial purposes, other than using the name	and address	s of any political	committee to so	olicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				Transaction ID: 13359683
Α.	American Express				Date of Disbursement
	Mailing Address Ste. 001				10
	Mailing Address Ste. 001				10 10 2000
	City	State	Zip Code		Amount of Each Disbursement this Period
	Chicago	IL	60679		
	Purpose of Disbursement				15.50
	Merchant Fee			001	
	Candidate Name			Category/	
	Office Cought: House Dishures	mont For		Туре	
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	President	Other (spec			
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	Full Name (Last, First, Middle Initial)				Transaction ID: 13359684
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					10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1400 G Street, NW				10 18 2006
	City	State	Zip Code		Amount of Each Disbursement this Period
	Washington	DC	20005		
	Purpose of Disbursement				124.42
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	Candidate Name			Category/ Type	
	Office Sought: House Disburse	ment For:		ı ype	
	Senate Disburse	Primary	General		Bank Fee
	President	Other (spec			

		400.00
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		OR LIN	F NOWRE	:K:	L P.	AGE S	91 / 11	0
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)					saction ID		960		
Committee To Re-Elect Loretta Sanchez				M	of Disburs		YY	Y Y	1
Mailing Address 1212 S Victory BI Suite 211				1 0		03 /	2 0	ŏ6 <sup>°</sup>	
City Burbank	State Zip Code CA 91502			Amou	ınt of Each	n Disburs	ement t	his Pe	riod
Purpose of Disbursement	07002		-	1 L.			15	00.00	
Contribution			11.						
Candidate Name Rep. Loretta Sanchez			egory/ vpe						
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)			Contr	ibution				
State: CA District: 47									
Full Name (Last, First, Middle Initial)  3. Ellen Tauscher For Congress				1	saction ID	-	)25		
				M	M / D	D /	Y Y	Y Y	1
Mailing Address 20 Park Road, Suite E Suite E				1 0		03	2 0	δ́6 <sup>°</sup>	
City Burlingame	State Zip Code CA 94010			Amou	int of Each	n Disburs	ement t	his Pe	riod
Purpose of Disbursement		-	-	T L.			15	00.00	)
Contribution Candidate Name			11						
Rep. Ellen O. Tauscher			egory/ vpe						
Senate President	ment For: 2006 Primary X General Other (specify)			Contr	ibution				
State: CA District: 10									
Full Name (Last, First, Middle Initial) Friends Of John Peterson				Date	saction ID of Disburs	ement			
Mailing Address 114 W. State Street PO Box 295				1 <sup>M</sup> 0	M / D	03 /	žo	ŏ6 <sup>°</sup>	
City Pleasantville	State Zip Code PA 16341			Amou	ınt of Each	n Disburs	ement t	his Pe	riod
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Candidate Name Rep. John E. Peterson		Cate	egory/ vpe						
Office Sought: X House Disburse Senate President State: PA District: 5	ment For: 2006 Primary X General Other (specify)			Contr	ibution				
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17.	CHEDULE B (FEC Form 3X)		erate schedule(s) category of the			OR LI check		IUMBE one)	ER:			Į	PAGI	E 92/	110
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	NAME OF COMMITTEE (In Full)														
	American Hospital Association PAC														
	Full Name (Last, First, Middle Initial) Richard Pombo For Congress							Trans Date		-			21039		
	Mailing Address 2150 River Plaza Dr. #15 Suite 1560	50						1 <sup>M</sup> 0	М	′	0	<b>3</b> /	Υ	ž 0 Ŏ	6 <sup>Y</sup>
	City	State CA	Zip Code 95833					Amou	unt d	of E	ach I	Disbu	ırseme	ent this	Period
	Purpose of Disbursement Contribution			Г	Ō	11		L.	0					1000	.00
	Candidate Name Rep. Richard W. Pombo			С		gory/ pe									
	Senate President	ement For: Primary Other (spe	2006 X General ecify) ▼					Conti	ribu	tior	1				
_	State: CA District: 11  Full Name (Last, First, Middle Initial)  Woolsey For Congress							Trans Date		-			21043		
	Mailing Address P.O. Box 750176							1 0	M	/ [		D /	Y	žoŏ	6 <sup>Y</sup>
	,	State CA	Zip Code 94975					Amou	unt o	of Ea	ach I	Disbu	ırseme	ent this	Period
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	Candidate Name Rep. Lynn C. Woolsey					gory/ pe									
	Senate President	ement For: Primary Other (spe	2006 X General ecify) ▼					Conti	ribu	tior	1				
	State: CA District: 6 Full Name (Last, First, Middle Initial) Weldon Victory Committee							Trans					21078		
	Mailing Address P. O. Box 1992							1 <sup>M</sup> 0	M	/	0		Y	ž 0 ŏ	6 <sup>Y</sup>
		State PA	Zip Code 19063					Amou	unt d	of Ea	ach I	Disbu	ırseme	ent this	Period
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	Candidate Name Rep. Curt Weldon					gory/ pe									
	Office Sought:  X House Senate President State: PA District: 7	ement For: Primary Other (spe	2006 X General ecify) ▼					Conti	ribu	tior	1		Y 20066  rsement this Per 1000.00		
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	y Information copied from such Reports and State for commercial purposes, other than using the nar														IS
abla	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Bill Shuster For Congress							Trans Date				-	086		
	Mailing Address PO Box 27							1 <sup>M</sup> 0	М	′	0 3	3 /	Y 2	žoŏ(	3 Y
	City Hollidaysburg	State PA	Zip Code 16648					Amou	ınt c	of Ea	ich D	isbur		nt this	
	Purpose of Disbursement Contribution				0	11								1000.	00
	Candidate Name Rep. William Franklin Shuster			С		egory/ vpe									
	Senate President	Primary Other (spe	2006  X General ecify)					Contr	ibu	tion	l				
_	State: PA District: 9  Full Name (Last, First, Middle Initial)							Trans	eact.	ion		3221	റളര		
В.	Friends Of Joe Pitts							Date		isbu	ırsen	nent		Y Y	Y
	Mailing Address PO Box 775							10	_	L	0 3	3	2	žοŏι	5
	City Unionville	State PA	Zip Code 19375					Amou	ınt c	of Ea	ıch D	isbur		nt this	
	Purpose of Disbursement Contribution				-	11		L.			_			2000.	00
	Candidate Name Rep. Joseph R. Pitts			С		egory/ vpe									
	Office Sought:  X House Disburs Senate President	Primary Other (spe	2006 X General ecify) ▼					Contr	ibu	tion	l				
	State: PA District: 16		· · ·												
C.	Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee							<b>Trans</b> Date					118		
	Mailing Address PO Box 23626							1 <sup>M</sup> 0	М	/	0 3	3 /	Y	žοŏ	5 <sup>Y</sup>
	City Federal Way	State WA	Zip Code 98093					Amou	ınt c	of Ea	ich D	isbur		nt this	
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	Candidate Name Rep. Adam Smith			С		egory/ vpe									
	Office Sought:  X House Senate President State: WA District: 9	Primary Other (spe	2006 X General ecify) <b>V</b>					Contr	ibu	tion	I				
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	y Information copied from such Reports and State												
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$ \rangle$	NAME OF COMMITTEE (In Full)												
L	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial)									_	22109	4	
۸.	Murtha For Congress Committee							_	isburs		nt / Y	Y Y	Y
	Mailing Address Suite 220 551 Main Str	eet					1 0			) 3 <sup>D</sup>		žoŏ	6
	City	State Zip Code					Amou	nt o	f Each	ı Disk	oursem	ent this	Period
	Johnstown Richard and the Control of Pickers and	PA 15901	_						-	-		4000	00
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	Candidate Name		-	_	egory/	1							
	Rep. John P. Murtha			T	ype								
	Office Sought: X House Disbury Senate	sement For: 2006 Primary X General				(	Contri	ibut	ion				
	President	Other (specify)											
	State: PA District: 12												
В.	Full Name (Last, First, Middle Initial)									_	22110	3	
Ь.	Bob Brady For Congress							of Di	isburs		nt	V V	· V
	Mailing Address 2000 Market Street Sui	te 500					1 <sup>™</sup> 0	IVI	′	) 3 <sup>D</sup>		žoŏ	6
	City Philadelphia	State Zip Code PA 19103					Amou	nt o	f Each	ı Disk	oursem	ent this	Period
	Purpose of Disbursement	TA 13100										3000	.00
	Contribution			Ó	11.								
	Candidate Name Rep. Robert A. Brady				egory/ ype								
	Office Sought: X House Disbur	sement For: 2006	-				Contri	ihut	rion				
	Senate	Primary X General					OOHU	ibut	1011				
	President State: PA District: 1	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 132	22110	 3	
C.	Friends of Jim Clyburn								isburs				
	Mailing Address P.O. Box 12567						1 <sup>M</sup> 0	М	<sup>′</sup> DC	) 3 <sup>D</sup>	/ Y	žoŏ	6 <sup>Y</sup>
	City Columbia	State Zip Code SC 29211					Amou	nt o	f Each	ı Disk	oursem	ent this	Period
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	Candidate Name		_	_	11 egory/	ч							
	Rep. James E. Clyburn				ype								
	9 12-1	sement For: 2006	•				Contri	ibut	ion				
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NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to s	Olicit Contribut	ions from Suci	1 COMMINIC	.ee
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)			Transacti	on ID: 13221	1110	
Friends Of Bud Cramer			Date of D	isbursement	V	V
Mailing Address P.O. Box 2621			10	03	20	δ΄6 Ϋ́
City Huntsville	State Zip Code AL 35804		Amount o	f Each Disbur	sement th	nis Period
Purpose of Disbursement	AL 33004				250	00.00
Contribution		011				
Candidate Name Rep. Robert E. Cramer, Jr.		Category/ Type				
Senate President	ement For: 2006 Primary X General Other (specify)		Contribut	ion		
State: AL District: 5						
Full Name (Last, First, Middle Initial)  People With Hart Inc				ion ID: 13221 isbursement	1100	
Mailing Address P.O. Box 435			10	03	y žo	0 6 °
City	State Zip Code		Amount o	f Each Disbur	sement th	nis Period
Wexford Purpose of Disbursement	PA 15090				300	00.00
Contribution		011				
Candidate Name Rep. Melissa A. Hart		Category/ Type				
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)		Contribut	ion		
State: PA District: 4						
Full Name (Last, First, Middle Initial)  Kind For Congress Committee				on ID: 13221 isbursement	1114	
Mailing Address 205 South 5th Ave Suite 428			10	03	y žo	06°
City La Crosse	State Zip Code WI 54601		Amount o	f Each Disbur	sement th	nis Period
Purpose of Disbursement Contribution		011			100	00.00
Candidate Name Rep. Ron Kind	-	Category/ Type				
	ement For: 2006 Primary X General Other (specify)	. , , , ,	Contribut	ion		
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SCHEDULE B (FEC Form 3X)	FOR LINE (check only	NUMBER:	PAGE 96/110					
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC								
Full Name (Last, First, Middle Initial)  1. Lofgren For Congress			Transaction ID: Date of Disburse					
Mailing Address P.O. Box 720008			1 0 M / D	3 7 2006				
City San Jose	State Zip Code CA 95172		Amount of Each	Disbursement this Period				
Purpose of Disbursement Contribution		011		1000.00				
Candidate Name Rep. Zoe Lofgren		Category/ Type						
Office Sought:  X House Senate President State: CA District: 16	sement For: 2006 Primary X General Other (specify)		Contribution					
Full Name (Last, First, Middle Initial)  Friends Of Congressman George Miller			Transaction ID: Date of Disburse	ment				
Mailing Address P.O. Box 5864			10 0					
City Concord	State Zip Code CA 94524		Amount of Each	Disbursement this Period				
Purpose of Disbursement Contribution Candidate Name Rep. George Miller		011 Category/		1000.00				
	sement For: 2006 Primary X General Other (specify)	Туре	Contribution					
Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski			Transaction ID: Date of Disburse					
Mailing Address 103 South Hanover Str	eet		10 M / DO	3 7 2 0 0 6				
City Nanticoke	State Zip Code PA 18634		Amount of Each	Disbursement this Period				
Purpose of Disbursement Contribution		011		1000.00				
Candidate Name Rep. Paul E. Kanjorski	0000	Category/ Type						
Office Sought:  X House Senate President State: PA District: 11	sement For: 2006 Primary X General Other (specify)		Contribution					
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NAME OF COMMITTEE (In Full) American Hospital Association PAC							
Full Name (Last, First, Middle Initial)  Tom Lantos For Congress Committee				Transaction Date of Disk	n ID: 132210 oursement	)52	
Mailing Address PO Box 777				10 4	03	žoŏe	3 Y
City San Carlos	State CA	Zip Code 94070		Amount of E	Each Disburse		
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Candidate Name Rep. Tom Lantos			Category/ Type				
Office Sought: X House Disbu	rsement For: Primary Other (spe	2006 X General ecify) ▼		Contributio	on		
Full Name (Last, First, Middle Initial)  3. DAKPAC				Date of Dist			V
Mailing Address 607 14th St., NW Suite 800				10 /	03	žoŏe	3 <sup>Y</sup>
City Washington	State DC	Zip Code 20005		Amount of E	Each Disburse		
Purpose of Disbursement 2006 Contribution Candidate Name			011 Category/ Type			5000.0	00
Office Sought: House Disbu	rsement For: Primary Other (spe	General ecify) ▼		2006 Cont	ribution		
Full Name (Last, First, Middle Initial) Robert Aderholt For Congress				Transaction Date of Disk	n ID: 132211 oursement	12	
Mailing Address P. O. Box 1158 940 Hwy 13				10 /	03	2006	3 Y
City Haleyville	State AL	Zip Code 35565		Amount of E	Each Disburse		
Purpose of Disbursement Contribution Condidate Name			011	L		2500.0	UU
Candidate Name Rep. Robert B. Aderholt  Office Sought: X House Disbu	rsement For:	2006	Category/ Type				
State: AL District: 4	Primary Other (spe	X General		Contributio	on		
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$ \rangle$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC												
L	American Hospital Association 1 Ao												
Α.	Full Name (Last, First, Middle Initial)									_	221045	5	
۸.	Mike Honda For Congress								isburs		nt / Y	YY	Y
	Mailing Address 50 W. San Fernando St.	. Ste. 350					1 0			3	L.	ž 0 ŏ	6
	City	State Zip Code					Amou	ınt o	f Each	n Disk	oursem	ent this	Period
	San Jose	CA 95113										1000	.00
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	Candidate Name		7		tego								
	Rep. Michael M. Honda			Т	ype	;							
	Office Sought: X House Disburs Senate	ement For: 2006 Primary X Gene	eral				Contr	ribut	tion				
	President	Other (specify)											
	State: CA District: 15												
В.	Full Name (Last, First, Middle Initial) Carnahan In Congress								i <mark>on ID</mark> isburs		221107	7	
							M	м		) 3	/ Y	žoŏ	Y
	Mailing Address 7370 Manchester Rd Ste	∋ 20					1 0			) 3	L.	200	6
	City St. Louis	State Zip Code MO 63143					Amou	unt o	f Each	n Dist	oursem	ent this	Period
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	Contribution			(	011								
	Candidate Name Rep. Russ Carnahan				tego	-							
	<u> </u>	ement For: 2006		- 1	ype	,							
	Senate	Primary X Gene	eral				Contr	ribut	tion				
	President State: MO District: 3	Other (specify) ▼											
	State: MO District: 3  Full Name (Last, First, Middle Initial)									400			
C.	Campbell For Congress								i <b>on ID</b> isburs		220958 nt	3	
								М		) 3		ž 0 0	6 Y
	Mailing Address 4590 Macarthur Blvd. So	uite 500					10			, 0		200	0
	City Irvine	State Zip Code CA 92660					Amou	unt o	f Each	n Disk	oursem	ent this	Period
	Purpose of Disbursement Contribution		Тг	_	24.4	_						1000	.00
	Candidate Name		$\dashv \vdash$		011 tego	rv/							
	Rep. John Campbell				ype								
	Office Sought: X House Disburs Senate	ement For: 2006	aval.				Contr	ribut	tion				
	President	Primary X Gene Other (specify) ▼	erai										
	State: CA District: 48												
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SCHEDULE B (FEC Form 3X)	FOR LINE (check only	NUMBER:	PAGE 99/110	
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Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  A. Storm Chasers PAC			Transaction ID: Date of Disburse	
Mailing Address PO Box 237			10 M / D	3 7 2006
City Monticello	State Zip Code IN 47960		Amount of Each I	Disbursement this Period
Purpose of Disbursement 2006 Contribution		011		1000.00
Candidate Name  Office Sought: House Disburg	sement For:	Category/ Type	l <u>.</u>	
Senate President State: District:	Primary General Other (specify) ▼		2006 Contributi	on
Full Name (Last, First, Middle Initial)  3. Committee To Elect Hank Johnson			Transaction ID: Date of Disburse	
Mailing Address 5240 Snapfinger Park [	Or Ste 140		1 0 M	$\begin{bmatrix} 0 \\ 3 \end{bmatrix}$ $\begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix}$ $\begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix}$ $\begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix}$
City Decatur	State Zip Code GA 30035		Amount of Each I	Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011		2500.00
Hank Johnson		Category/ Type		
Office Sought:    X   House   Disburi   Senate   President     State: GA   District: 4	sement For: 2006 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Sherman For Congress			Transaction ID: Date of Disburse	
Mailing Address 555 South Flower Stree	t Suite 4510		10 M / DO	
City Los Angeles	State Zip Code CA 90071		Amount of Each I	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Brad Sherman	0000	Category/ Type		
Office Sought: X House Disburg Senate President State: CA District: 27	sement For: 2006 Primary X General Other (specify) ▼		Contribution	
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N/	AME OF COMMITTEE (In Full) merican Hospital Association PAC				
	II Name (Last, First, Middle Initial) epublican Majority Fund			Transaction ID: 132 Date of Disbursemen	nt
Ma	ailing Address P.O. Box 1550			10 0 5	2006
_	onca City	State Zip Code OK 74602		Amount of Each Disb	
20	rpose of Disbursement 06 Contribution andidate Name		011 Category/ Type		3000.00
	fice Sought:    House   Disk     Senate   President     ate: District:	oursement For: Primary Genera Other (specify)		2006 Contribution	
_	Il Name (Last, First, Middle Initial) cNulty For Congress			Transaction ID: 132 Date of Disbursemen	nt
Ma	ailing Address P.O. Box 1560			10 0 5	2006
Cit Gr	ty reen Island	State Zip Code NY 12183		Amount of Each Disb	oursement this Period
	rpose of Disbursement ontribution		011		2000.00
	andidate Name ep. Michael R. McNulty		Category/ Type		
	fice Sought:  X House Senate President ate: NY District: 21	oursement For: 2006 Primary X Genera Other (specify) ▼	ı	Contribution	
_	Il Name (Last, First, Middle Initial) erman For Congress			Transaction ID: 132 Date of Disbursemen	
Ma	ailing Address 6380 Wilshire Blvd. #	<del>*</del> 1612		10 0 5	<sup>Y</sup> 2006 <sup>Y</sup>
Cit Lo	ty s Angeles	State Zip Code CA 90048		Amount of Each Disb	
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$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Crowley For Congress						Trans Date					846			
	Mailing Address 84-56 Grand Avenue						10  0  5  7  2  0  0  6								
	City Elmhurst	State NY	Zip Code 11373				Amount of Each Disbursement this Period								
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	Candidate Name Rep. Joseph Crowley				egory/ /pe										
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— В.	State: NY District: 7  Full Name (Last, First, Middle Initial)  Louie Gohmert For Congress Committee						Trans					845			
	Mailing Address PO Box 8060						Date 1 0	M		0 5	7	Y	Ó Ó (	3 Y	
	City Tyler	State TX	Zip Code 75711			Amount of Each Disbursement this Pe									
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C.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund						Trans Date		isbu	rsem	ent		, , , , ,	V	
	Mailing Address 818 Connecticut Avenue Suite 1100	, NW					1 0	IVI	<u> </u>	1 2		' 2	2 o ŏ (	<b>3</b>	
	City Washington	State DC	Zip Code 20009				Amou	ınt o	f Ea	ch D	isburs		t this 2500.	Period	
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$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.							Trans Date					2863			
	Mailing Address P.O. Box 61337							1 <sup>M</sup> 0	М	/	1 2	) -	Y	200	3 <sup>Y</sup>	
	City Denver	State CO	Zip Code 80206					Amou	ınt c	of Ea	ch D	isbur	semei	nt this	Perio	d
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_	State: CO District: 1 Full Name (Last, First, Middle Initial)							Trans	sact	ion	ID: 1	3232	2866			
B.	Candice Miller For Congress  Mailing Address PO Box 182152							Date 1 0	of D	_	rsen	) /	Y	ž 0 0 (	3 Y	
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<u> </u>	Full Name (Last, First, Middle Initial) John Salazar For Congress							Trans					2865			
	Mailing Address P.O. Box 534						-		M		1 2		Y	ž o ŏ	6 <sup>Y</sup>	
	City Pueblo	State CO	Zip Code 81002					Amou	ınt c	of Ea	ch D	isbur	semei	nt this	Perio	d
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	Candidate Name Rep. John T. Salazar					egory/ /pe										
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NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)  A. Friends Of Zach Wamp			Transaction ID: 13305276 Date of Disbursement								
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite	200		10 M / D D / Y Y Y O O G Y								
City Chattanooga	State Zip Code TN 37422		Amount of Each Disbursement this Period								
Purpose of Disbursement Contribution		011	2000.00								
Candidate Name Rep. Zach Wamp		Category/ Type									
Senate President	sement For: 2006 Primary X Gene Other (specify) ▼	eral	Contribution								
State: TN District: 3  Full Name (Last, First, Middle Initial)			Transaction ID: 13305287								
B. Committee To Re-Elect Nydia M. Velazq	uez To Congre		Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
Mailing Address 315 Inspiration Lane			10 13 2006								
City Gaithersburg	State Zip Code MD 20878		Amount of Each Disbursement this Period								
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Candidate Name Rep. Nydia M. Velazquez		Category/ Type									
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State: NY District: 12  Full Name (Last, First, Middle Initial)			Transaction ID: 13305286								
C. Moran For Kansas			Date of Disbursement								
Mailing Address P.O. Box 1151			1 0 M / D 1 3 / Y Y Y O O 6 Y								
City Hays	State Zip Code KS 67601		Amount of Each Disbursement this Period								
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Candidate Name Rep. Jerry Moran		Category/ Type									
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Moore For Congress			Transaction ID: 13305285 Date of Disbursement
Mailing Address PO Box 14631			10 13 7 2006
City Shawnee Mission	State Zip Code KS 66285		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Dennis Moore		Category/ Type	
Office Sought:  X House Senate President State: KS District: 3	ement For: 2006 Primary X General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)  Berkley For Congress			Transaction ID: 13302857 Date of Disbursement
Mailing Address 3069 Conquista Court			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^M\end{smallmatrix} \ / \ \begin{bmatrix}D\\1\end{smallmatrix}3^D \ / \ \begin{bmatrix}Y&Y&Y&0\\2&0&0&6\end{smallmatrix} $
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period
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Candidate Name Rep. Shelley Berkley		Category/ Type	
Office Sought:  X House Senate President State: NV District: 1	ement For: 2006 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)  Moran For Congress			Transaction ID: 13305270 Date of Disbursement
Mailing Address 311 N. Washington Stre Suite 200l	et		$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&M\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\1\end{smallmatrix}1&3\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0&0\end{smallmatrix}6&6^{Y}$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
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Candidate Name Rep. James P. Moran		Category/ Type	
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$\rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Nadler For Congress					Transaction ID: 13305288 Date of Disbursement										
	Mailing Address Village Station PO Box	40				10 M / D 1 B / Y 2 0 0 6 Y								6 <sup>Y</sup>		
	City New York	State NY	Zip Code 10014		Amou	unt d	of E	Eacl	n Di	sbur	seme	nt this		t		
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	Mailing Address 268 Bush Street PMB 3230						1 0		,	Ľ	1 3		Ľ.	žoŏ	6	
	City San Francisco	State CA	Zip Code 94104				Amou	unt d	of E	Eacl	n Di	sbur	seme	nt this		t
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С.	Full Name (Last, First, Middle Initial) Cooper For Congress Committee						<b>Trans</b> Date						5275			
	Mailing Address P.O. Box 927						1 <sup>M</sup> 0	М	/	D.	1 3	/	Υ	ž 0 Ŏ	6 <sup>Y</sup>	
	City Brentwood	State TN	Zip Code 37024				Amou	unt d	of E	Eacl	n Di	sbur	seme	nt this		t
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	Candidate Name Rep. Jim Cooper				gory/ pe											
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$ \rangle$	American Hospital Association PAC																
Α.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.						Transaction ID: 13305273 Date of Disbursement										
	Mailing Address PO Box 682185							10 M / D 1 3 / Y Y Y O 6 Y									
	City Franklin	State TN	Zip Code 37068					Amou	ınt c	f Ea	ch D	isbur	semer	nt this	Period		
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	Candidate Name Rep. Marsha Blackburn			С		egory/ pe											
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_	State: TN District: 7 Full Name (Last, First, Middle Initial)							Trans	sact	ion I	ID: 1	3305	5289				
B.	Perlmutter For Congress							Date <sup>M</sup> 1 0	of D		rsem	) /	Y	2 0 Ó 6	Y		
	Mailing Address 3440 Youngfield St #264												_				
	City Wheat Ridge	State CO	Zip Code 80033					Amou	ınt c	f Ea	ch D	isbur		nt this			
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	Candidate Name Mr. Edwin Perlmutter			С		egory/ vpe											
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C.	Steve Cohen For Congress							Date		isbu	rsem	nent		y Y	Υ		
	Mailing Address 349 Kenilworth							1 0		L	1 3	В	2	žοŏ	3		
	City Memphis	State TN	Zip Code 38112					Amou	ınt c	f Ea	ch D	isbur		nt this I			
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	Candidate Name Mr. Steve Cohen			О		egory/ vpe											
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American Hospital Association PAC												
Full Name (Last, First, Middle Initial)  A. Bill Nelson For U S Senate				Date of	ction ID: Disburse	ement		V	V			
Mailing Address 500 Red Sail Way				10	/ D	<sup>D</sup> /	ž	0 Ď 6				
City Satelite Beach	State Zip Code FL 32937			Amount	of Each	Disburs	-			_		
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Candidate Name Sen. Bill Nelson		Category/ Type										
Office Sought:    House   Disburs     X Senate   President     State: FL   District: 1	ement For: 2006 Primary X General Other (specify)			Contrib	ution							
Full Name (Last, First, Middle Initial)						40000				_		
3. Jo Bonner For Congress Committee				Date of	Disburse	ement		Υ	Υ			
Mailing Address P.O. Box 851232				1 0	1	<sup>D</sup> /	2	0 Ď 6				
City Mobile	State Zip Code AL 36685			Amount	of Each	Disburs				7		
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Candidate Name Rep. Jo Bonner		Category/ Type										
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Full Name (Last, First, Middle Initial) Dirigo PAC				Date of	ction ID: Disburse	ement						
Mailing Address P.O. Box 1355				10	/ D 1	7 /	ž	0 0 6	Y			
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) A	merican Hospital Association PAC																		
	Full Name (Last, First, Middle Initial) Pallone For Congress								Transaction ID: 13333130 Date of Disbursement										
M	ailing Address PO Box 3176	SS PO Box 3176									18	] ′ [	y y	οŏε	S Y				
	ity ong Branch	State Zip Code NJ 07740								Amount of Each Disbursement this Period									
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R	andidate Name ep. Frank Pallone, Jr.					gory/ pe													
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_	Mailing Address 2345 Grand Suite 2400									10 18 2006									
K	ity ansas City	State MO	Zip Code 64108					Amount of Each Disbursement this Period											
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R	andidate Name ep. Samuel B. Graves, Jr.	muel B. Graves, Jr. Type																	
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	tate: MO District: 6																		
	ull Name (Last, First, Middle Initial) riends Of Lois Capps							Trans Date	of D	isbur	sem	ent			_				
M	Mailing Address PO Box 23940								10 M / D 8 / Y Y Y O O 6 Y										
	ity State Zip Code anta Barbara CA 93121								int o	f Eac	h Di	sburs	ement						
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$ \rangle$	American Hospital Association PAC																	
Α.	Full Name (Last, First, Middle Initial) Alan Mollohan For Congress Committee								Transaction ID: 13333834 Date of Disbursement									
	Mailing Address P. O. Box 1343			M M / D B / Y Y Y O O 6														
	City Fairmont		Amount of Each Disbursement this Period															
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	Candidate Name Rep. Alan B. Mollohan	ry/																
	Senate President	ement For: Primary Other (specify	2006 X General ) ▼				Contr	ibuti	on									
В.	State: WV District: 1 Full Name (Last, First, Middle Initial) Hooley For Congress						36296											
	Mailing Address PO Box 2050		Date of Disbursement    Mom															
	City Salem		p Code 7308				Amou	Amount of Each Disbursement this Period										
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	Candidate Name Rep. Darlene Hooley			atego Type	ry/													
	Office Sought: X House Disburs Senate President	ement For: Primary Other (specify	2006 X General				Contr	ibuti	on									
	State: OR District: 5																	
C.	Full Name (Last, First, Middle Initial) Charles Boustany, Jr. For Congress Inc						Date	of Dis	sburse	emen								
	Mailing Address Post Office Box 80126					1 <sup>M</sup> 0	M /	<sup>D</sup> 1	8	/   Y	ž 0 ŏ 6	5 <sup>Y</sup>						
	City Lafayette	State Zip Code LA 70598							Amount of Each Disbursement this Period									
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	Candidate Name Rep. Charles W. Boustany, Jr.		atego Type	ry/														
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$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC																			
۸.	Full Name (Last, First, Middle Initial)  Committee To Re-Elect Bobby Jindal  Mailing Address PO Box 8628							Trans Date of	of D	isburs				οŏε	6 <sup>Y</sup>					
	City Metairie Purpose of Disbursement Contribution Candidate Name	State LA	Zip Code 70011	_	01 <sup>-</sup>	1 ory/		Amou	nt o	f Each	Dis	burse		t this I		od				
	Rep. Bobby Jindal	Primary Other (sp	2006  X General secify)		Гур	•		Contri	but	tion										

CURTOTAL (CRishous and This Rose (crists)	_	2000.00
SUBTOTAL of Disbursements This Page (optional)		2000.00
TOTAL This Period (last page this line number only)	<u> </u>	116750.00