

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1038787.58
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	862288.97									
(c) Total Receipts (from Line 19)	153361.49	761564.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1015650.46	1800351.67								
7. Total Disbursements (from Line 31)	39391.29	824092.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	976259.17	976259.17								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	50314.75	260332.16
(i) Itemized (use Schedule A)	45209.82	166354.66
(ii) Unitemized	95524.57	426686.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6250.00
(c) Other Political Committees (such as PACs)	95524.57	432936.82
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55000.00	321400.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2022.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	336.92	2704.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	153361.49	761564.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	153361.49	761564.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	161.29	3959.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	161.29	3959.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38930.00	819080.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	750.00
29. Other Disbursements.....	300.00	303.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39391.29	824092.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39391.29	824092.50

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	95524.57	432936.82
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95524.57	432186.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	161.29	3959.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	161.29	1937.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Gene Arnone		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 2500 Sutton Ave		Transaction ID: 14454094	
City Northfield	State NJ	Amount of Each Receipt this Period 225.00	
Zip Code 08225-1043			
FEC ID number of contributing federal political committee. C			
Name of Employer Atlanticare Regional Medical Center	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Thomas A Biga		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 29 Highland Avenue		Transaction ID: 14454099	
City Red Bank	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 07704-3620			
FEC ID number of contributing federal political committee. C			
Name of Employer Clara Maass Medical Center	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Thomas R. Brome		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 500 Knollwood Road		Transaction ID: 14454103	
City Ridgewood	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 07450-4700			
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Health System	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Bruce M Gans, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 6 Amherst Road		Transaction ID: 14454127	
City Chatham	State NJ	Amount of Each Receipt this Period 350.00	
Zip Code 07928-1802			
FEC ID number of contributing federal political committee. C			
Name of Employer Kessler Institute for Rehabilitation	Occupation Executive Vice President and Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Ms. Lori S. Herndon		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 902 North Shore Drive		Transaction ID: 14454131	
City Brigantine	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 08203-2718			
FEC ID number of contributing federal political committee. C			
Name of Employer AtlantiCare	Occupation Senior Vice President/COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Sean J. Hopkins		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2007	
Mailing Address 6180 Lower Mountain Road		Transaction ID: 14454132	
City New Hope	State PA	Amount of Each Receipt this Period 30.42	
Zip Code 18938-5760			
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Association	Occupation Sr. VP., Health Economics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.92		

SUBTOTAL of Receipts This Page (optional) ▶	630.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr Camille D. Walker, Md		Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2007	
Mailing Address 519 South Orange Avenue		Transaction ID: 14454178	
City State Zip Code South Orange NJ 07079-2637	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Newark Beth Israel Medical Center	Occupation Director, Obstetrics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Doug Bentz		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 100 Seneca Valley Estates		Transaction ID: 14493461	
City State Zip Code Sissonville WV 25320-9781	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Roane General Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Robert L Harman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address HC 84, Box 26		Transaction ID: 14493464	
City State Zip Code Lahmansville WV 26731-9701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Grant Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. J. Thomas Jones, CHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 3106 N. Greystone Drive		Transaction ID: 14493465
City State Zip Code Morgantown WV 26508-8601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Virginia United Health System	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael A King		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 1503 Greenmont Hills Drive		Transaction ID: 14493466
City State Zip Code Vienna WV 26105-3282	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Camden-Clark Memorial Hospital	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr Joseph G Koch		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 531 Woodlawn Avenue		Transaction ID: 14493467
City State Zip Code Beckley WV 25801-6008	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Raleigh General Hospital	Occupation Vice President and Chief Operating Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Brent A Marsteller		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 2010 Military Road		Transaction ID: 14493468
City State Zip Code Huntington WV 25701-3800	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cabell Huntington Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard L. Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 743 Canterbury Drive		Transaction ID: 14493471
City State Zip Code Charleston WV 25314-1773	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Virginia Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert W. Milvet, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 1196		Transaction ID: 14493472
City State Zip Code Hedgesville WV 25427-1196	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WVU Hospitals - East	Occupation VP of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Tommy H. Mullins		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 1521 Spars Creek Road		Transaction ID: 14493473	
City State Zip Code Danville WV 25053-8020	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Boone Memorial Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Jack Phillips		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address Box 413		Transaction ID: 14493477	
City State Zip Code Ghent WV 25843-0413	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Raleigh General Hospital	Occupation Board Member		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. David J Robertson		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 2052 Iron Bridge Circle		Transaction ID: 14493478	
City State Zip Code Morgantown WV 26508-8064	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Monongalia General Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael G Sellards		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 60 Mayfair Way		Transaction ID: 14493479	
City State Zip Code Huntington WV 25705-3835	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. George G. Couch		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 36 Floral Drive		Transaction ID: 14493490	
City State Zip Code Wheeling WV 26003-5464	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wetzel County Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Stephen P Dexter		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 7 Stony Point		Transaction ID: 14493494	
City State Zip Code Charleston WV 25314-1663	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas Memorial Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Roger M. Eitelman		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007
Mailing Address 111 Foxhall Road		Transaction ID: 14493495
City State Zip Code Charles Town WV 25414-2502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WVU Hospitals - East	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Cindy R Turner		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address P O Drawer 1987		Transaction ID: 14494357
City State Zip Code Alma GA 31510-1987	Amount of Each Receipt this Period 37.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Bacon County Hospital and Health System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

Full Name (Last, First, Middle Initial) C. Mr. Rann Folsom		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address 2281 US Highway 41 S		Transaction ID: 14494626
City State Zip Code Cordele GA 31015-7501	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Crisp Regional Hospital	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	787.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Ken B Beverly		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address 426 South Hansell Street		Transaction ID: 14494632
City State Zip Code Thomasville GA 31792-5511	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Archbold Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. James A Cruickshank		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address 2260 Wrightsboro Road		Transaction ID: 14494634
City State Zip Code Augusta GA 30904-4764	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Trinity Hospital of Augus- ta	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Heyward Wells, III		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address 2372 Sylvan Grobe Road		Transaction ID: 14494635
City State Zip Code Stapleton GA 30823-7208	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jefferson Hospital	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. George H. St. George		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 306 Cork Pond Road		Transaction ID: 14494637
City State Zip Code Sylvania GA 30467-8656	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Screven County Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert A Colvin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address P O Box 23089		Transaction ID: 14494638
City State Zip Code Savannah GA 31403-3089	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Kurt Stuenkel, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address P O Box 233		Transaction ID: 14494640
City State Zip Code Rome GA 30162-0233	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Floyd Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Philip R Wolfe		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address P O Box 348		Transaction ID: 14494641	
City Lawrenceville	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30046-0348			
FEC ID number of contributing federal political committee. C			
Name of Employer Gwinnett Hospital System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Edward C Gambrell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 2003 Falls Road		Transaction ID: 14494642	
City Toccoa	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30577-9700			
FEC ID number of contributing federal political committee. C			
Name of Employer Stephens County Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Larry Read		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 1350 Walton Way		Transaction ID: 14494643	
City Augusta	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30901-2612			
FEC ID number of contributing federal political committee. C			
Name of Employer University Health Care System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. James McLaughlin Hobson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 126 Grand Oaks Ct		Transaction ID: 14494645
City Albany State GA Zip Code 31721-9522	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Phoebe Putney Memorial Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President/COO Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Alan D. Kirsh, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 777 Hemlock Street 777 Hemlock Street		Transaction ID: 14494647
City Macon State GA Zip Code 31201-2102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center of Central Georgia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Radiology Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Ed Lovern		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 1266 Highway 515 South		Transaction ID: 14494648
City Jasper State GA Zip Code 30143-4872	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Mountainside Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 47 Lake Shore Drive

City State Zip Code
Newnan GA 30263-4775

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

Name of Employer Occupation
Newnan Hospital Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 13 / 2007

Transaction ID: 14494649

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jim Yarborough

Mailing Address 70 Medical Center Drive

City State Zip Code
Commerce GA 30529-1078

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

Name of Employer Occupation
BJC Medical Center Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 13 / 2007

Transaction ID: 14494650

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Vivian Austin

Mailing Address 10 Shorecrest Court

City State Zip Code
Savannah GA 31410-1054

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

Name of Employer Occupation
St. Joseph's/Candler, Candler Hospital Nursing Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 13 / 2007

Transaction ID: 14494651

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Paul P Hinchey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 5353 Reynolds Street		Transaction ID: 14494652
City State Zip Code Savannah GA 31405-6015	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph's/Candler, Candler Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. George L Heck		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address P O Box 1287		Transaction ID: 14494653
City State Zip Code Douglas GA 31534-1287	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coffee Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. William T Richardson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address Drawer 747		Transaction ID: 14494654
City State Zip Code Tifton GA 31793-0747	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Tift Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr Mike Robertson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 1266 Highway 515 South		Transaction ID: 14494719	
City State Zip Code Jasper GA 30143-4872		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Piedmont Mountainside Hospital Vice President Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Diane J. Patrick		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address U. S. Hwy 319		Transaction ID: 14494745	
City State Zip Code Omega GA 31775		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Tift Regional Medical Center Vice President, Patient Care Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. David R Doerr		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 11200 S. St. Rd. 63		Transaction ID: 14494761	
City State Zip Code Terre Haute IN 47802		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Union Hospital, Inc. Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Raymond V Ingham, , Ph.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 217 East Drive		Transaction ID: 14494762	
City Lebanon	State IN	Amount of Each Receipt this Period 500.00	
Zip Code 46052-1221		FEC ID number of contributing federal political committee. C	
Name of Employer Witham Memorial Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Ms. Bernadine Marcuccilli Wallace		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 1003 Overlook Road		Transaction ID: 14494829	
City Marion	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 46952-1330		FEC ID number of contributing federal political committee. C	
Name of Employer Marion General Hospital	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. William D Petasnick		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address 1848 Hidden Reserve Court		Transaction ID: 14495002	
City Mequon	State WI	Amount of Each Receipt this Period 1000.00	
Zip Code 53092-5566		FEC ID number of contributing federal political committee. C	
Name of Employer Froedtert Memorial Lutheran Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Stephen M Erixon		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007	
Mailing Address 220 Windy Ridge		Transaction ID: 14495156	
City State Zip Code Hollister MO 65672-5725		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Skaggs Community Health Center		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) B. Mr. Phil M. Willcoxon		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007	
Mailing Address 3702 Fawn Trail		Transaction ID: 14495184	
City State Zip Code Joplin MO 64804-6027		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Freeman Neosho Hospital		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Sheri D. Beekman		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 2440 Shetland Drive		Transaction ID: 14495187	
City State Zip Code Dardenne Prairie MO 63366-7210		Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C			
Name of Employer St. John's Mercy Health Care		Occupation Vice President Patient Financial Svcs.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	517.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Christine A. Crain		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 2400 Hawthorne Manor Drive		Transaction ID: 14495188
City State Zip Code Florissant MO 63031-4412	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. John's Mercy Medical Center	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Ms. Patricia Arnold		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 433 Greenleaf Street		Transaction ID: 14495189
City State Zip Code Saint Louis MO 63122-4451	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. John's Mercy Medical Center	Occupation Foundation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr. David R. Carpenter, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 6229 Northlake Drive		Transaction ID: 14495190
City State Zip Code Parkville MO 64152-6080	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		
Name of Employer North Kansas City Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Thomas Corley		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address North 5633 Lidgerwood Street		Transaction ID: 14495213
City State Zip Code Spokane WA 99208-1224	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Holy Family Hospital Occupation President	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Richard W Linneweh		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 2811 Tieton Drive		Transaction ID: 14495214
City State Zip Code Yakima WA 98902-3799	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Yakima Valley Memorial Hospital Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Susan Reiter		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address PO Box 307		Transaction ID: 14495215
City State Zip Code Enumclaw WA 98022-0307	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Enumclaw Regional Hospital Occupation Trustee	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Scott E. Armstrong		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 3855 44th Avenue NE		Transaction ID: 14495216	
City State Zip Code Seattle WA 98105-5448	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Group Health Eastside Hospital	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. C. Scott Bond		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 914 South Scheuber Road		Transaction ID: 14495217	
City State Zip Code Centralia WA 98531-9027	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Providence St. Peter Hospital	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Ryland (Skip) Davis		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 101 West Eighth Avenue		Transaction ID: 14495218	
City State Zip Code Spokane WA 99204-2307	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sacred Heart Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark D Judy		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address P O Box 646		Transaction ID: 14495219	
City Monroe	State WA	Zip Code 98272-0646	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Valley General Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Marcel C Loh		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 500 17th Avenue		Transaction ID: 14495220	
City Seattle	State WA	Zip Code 98124-5711	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Swedish Medical Center-Cherry Hill Cam	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Gary V Peck		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address P O Box 197		Transaction ID: 14495221	
City Chewelah	State WA	Zip Code 99109-0197	Amount of Each Receipt this Period 275.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Joseph's Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

SUBTOTAL of Receipts This Page (optional)	1275.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. George S. Carr		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 4803 Garden Grove Drive		Transaction ID: 14495229
City State Zip Code Columbia MO 65203-9720	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Missouri Health Care	Occupation Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Mary C. Becker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 7800 South Eagle Road		Transaction ID: 14495245
City State Zip Code Columbia MO 65203-9017	Amount of Each Receipt this Period 27.78	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri Hospital Association	Occupation Senior VP, Commc. & Health Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.24	

Full Name (Last, First, Middle Initial) C. Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 12675 Riviera Heights Road		Transaction ID: 14495250
City State Zip Code Holts Summit MO 65043-2039	Amount of Each Receipt this Period 111.12	
FEC ID number of contributing federal political committee. C		
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Health Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.96	

SUBTOTAL of Receipts This Page (optional) ▶	388.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Kathleen C. Poff		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 5119 Coventry Way		Transaction ID: 14495257	
City State Zip Code Jefferson City MO 65101-8284	Amount of Each Receipt this Period 27.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Hospital Association Occupation Senior Vice President & CFO	Aggregate Year-to-Date ▼ 222.24		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Gerald M. Sill, J.D.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 2906 Valley View Terrace		Transaction ID: 14495261	
City State Zip Code Jefferson City MO 65109-1069	Amount of Each Receipt this Period 27.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Hospital Association Occupation Senior Vice President & General Counsel	Aggregate Year-to-Date ▼ 222.24		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Marc D. Smith		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 5612 Tanner Bridge Road		Transaction ID: 14495262	
City State Zip Code Jefferson City MO 65101-8275	Amount of Each Receipt this Period 111.12		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Hospital Association Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 777.84		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	166.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Francisco J Perez, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 3965 Southern Boulevard		Transaction ID: 14495344
City State Zip Code Dayton OH 45429-1229	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kettering Health Network	Occupation Network Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory R. Wise, MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 4300 Delco Dell Road		Transaction ID: 14495345
City State Zip Code Kettering OH 45429-1211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kettering Medical Center- Network	Occupation Vice President Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. R. Reed Fraley		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 257 Clouse Lane		Transaction ID: 14495346
City State Zip Code Granville OH 43023-1428	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio Hospital Association	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Gordon L Alexander, , M.D.

Mailing Address 2450 Riverside Avenue

City State Zip Code
Minneapolis MN 55454-1512

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

Name of Employer University of Minnesota Medical Center
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: 14498363

Amount of Each Receipt this Period
270.00

B. Full Name (Last, First, Middle Initial)
Mr. Craig J Broman

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1901

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

Name of Employer St. Cloud Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: 14498377

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms Deb Fischer-Clemens

Mailing Address 3900 West Avera Drive

City State Zip Code
Sioux Falls SD 57108-5729

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

Name of Employer Avera Health
Occupation Director Center for Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: 14498394

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	645.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Alan L Goldbloom, , M.D.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 345 North Smith Avenue		Transaction ID: 14498401
City State Zip Code Saint Paul MN 55102-2346	Amount of Each Receipt this Period 270.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Hospitals and Clinics of Mi	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Mr. Harlan Hallquist		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 9855 West 78th Street Suite 270		Transaction ID: 14498405
City State Zip Code Eden Prairie MN 55344-8002	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer J.E. Dunn Construction Co-mpany	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Timothy H Hanson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 559 Capitol Boulevard, 6-South		Transaction ID: 14498407
City State Zip Code Saint Paul MN 55103-0000	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HealthEast Care System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	770.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Mary Krinkie		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 2550 University Avenue W. Suite 350-S		Transaction ID: 14498421	
City State Zip Code Saint Paul MN 55114-1052	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Minnesota Hospital Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Lawrence J Massa		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 301 Becker Avenue SW		Transaction ID: 14498741	
City State Zip Code Willmar MN 56201-3395	Amount of Each Receipt this Period 520.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rice Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) C. Mr. Chad Meyer		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 625 South Lakeshore		Transaction ID: 14498746	
City State Zip Code Glenwood MN 56334-1549	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dairyland Healthcare Solutions	Occupation Director of Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2270.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David R Page		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 2450 Riverside Avenue		Transaction ID: 14503505	
City State Zip Code Minneapolis MN 55454-1400	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fairview Health Services	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Steve Perkins		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 305 East Luverne Street		Transaction ID: 14503507	
City State Zip Code Luverne MN 56156-1611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sanford Hospital Luverne	Occupation Board Chair		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Margaret E Perryman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 200 East University Avenue		Transaction ID: 14503508	
City State Zip Code Saint Paul MN 55101-2598	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Gillette Children's Specialty Healthca	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard R Pettingill Mailing Address P O Box 43 City State Zip Code Minneapolis MN 55440-0043 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7 Transaction ID: 14503509 Amount of Each Receipt this Period 500.00
Name of Employer Allina Hospitals & Clinics Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D. Mailing Address 1406 Sixth Avenue North City State Zip Code Saint Cloud MN 56303-1900 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7 Transaction ID: 14503510 Amount of Each Receipt this Period 520.00
Name of Employer CentraCare Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C. Full Name (Last, First, Middle Initial) Mr. John T Porter Mailing Address P O Box 38 City State Zip Code Yankton SD 57078-0038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7 Transaction ID: 14503512 Amount of Each Receipt this Period 125.00
Name of Employer Avera Health Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	1145.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Stephen Pribyl		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 800 Medical Center Drive		Transaction ID: 14503513	
City State Zip Code Fairmont MN 56031-4575		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Fairmont Medical Center-M-ayo Health Sy		Occupation Chief Administrative Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Mr. Larry A. Schulz		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 7650 Edwinborough Way Suite 200		Transaction ID: 14503523	
City State Zip Code Minneapolis MN 55435-5978		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Catholic Health Initiatives		Occupation Sr. Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr Mark A Skubic		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 6500 Excelsior Boulevard		Transaction ID: 14503526	
City State Zip Code Minneapolis MN 55426-4702		Amount of Each Receipt this Period 270.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Park Nicollet Health Services		Occupation Vice President Government Relations an	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional) ▶	645.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Fredrick Slunecka		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address P O Box 5045		Transaction ID: 14503527	
City Sioux Falls	State SD	Amount of Each Receipt this Period 125.00	
Zip Code 57117-5045			
FEC ID number of contributing federal political committee. C			
Name of Employer Avera McKennan Hospital and University	Occupation Regional President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Mr. David K Wessner		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 6500 Excelsior Boulevard		Transaction ID: 14503534	
City Saint Louis Park	State MN	Amount of Each Receipt this Period 500.00	
Zip Code 55426-4702			
FEC ID number of contributing federal political committee. C			
Name of Employer Park Nicollet Health Services	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ms. Peggy Westby		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 2550 University Avenue W. Suite 350-S		Transaction ID: 14503535	
City Saint Paul	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55114-1052			
FEC ID number of contributing federal political committee. C			
Name of Employer Minnesota Hospital Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Kenneth A Samet		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 5565 Sterrett Place, 5th Floor		Transaction ID: 14507979
City State Zip Code Columbia MD 21044-2665	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MedStar Health	Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Victor A Broccolino		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 5755 Cedar Lane		Transaction ID: 14507980
City State Zip Code Columbia MD 21044-2999	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Howard County General Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael R. Dunaway		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 15081 Linden Lane		Transaction ID: 14507983
City State Zip Code Leawood KS 66224-3412	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Alliance of MidAmerica, The	Occupation Senior VP, Field Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Shawn Smothers		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2007
Mailing Address 317 First Avenue, NW P. O. Box 697		Transaction ID: 14507985
City State Zip Code Kenmare ND 58746-7104	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Trinity Health	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael J. Hill		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007
Mailing Address 43 Russet Drive		Transaction ID: 14513553
City State Zip Code Pittsfield NH 03263-3411	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Hampshire Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Andrew Patterson		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007
Mailing Address 80 Highland Street		Transaction ID: 14513554
City State Zip Code Laconia NH 03246-3235	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer LRGhealthcare	Occupation Director, Contracting & Corp. Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Thomas Clairmont		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 15 Aiken Avenue		Transaction ID: 14513555
City State Zip Code Franklin NH 03235-1259	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Franklin Regional Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Mark J Neff, , CHE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 222 Medical Circle		Transaction ID: 14513556
City State Zip Code Morehead KY 40351-1180	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Claire Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert L. Shircliff		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 2104 Rudy Lane		Transaction ID: 14513557
City State Zip Code Louisville KY 40207-1204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jewish Hospital & St. Mary's HealthCare	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg Kiser

Mailing Address P O Box 769

City State Zip Code
Louisa KY 41230-0769

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

Name of Employer Three Rivers Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2007

Transaction ID: 14513558

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert D Fraraccio, , CHE

Mailing Address P O Box 630

City State Zip Code
Winchester KY 40392-0630

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

Name of Employer Clark Regional Medical Center
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2007

Transaction ID: 14513559

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Marlene J Krein

Mailing Address 1031 Seventh Street NE

City State Zip Code
Devils Lake ND 58301-2719

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

Name of Employer Mercy Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2007

Transaction ID: 14513563

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms Susan Doherty		Date of Receipt MM / DD / YYYY 08 / 27 / 2007
Mailing Address 720 Fourth Street North		Transaction ID: 14513566
City	State	Zip Code
Fargo	ND	58122-4520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MeritCare Health System	Occupation Manager Public Policy and Government R	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Ronald L Jacobson		Date of Receipt MM / DD / YYYY 08 / 27 / 2007
Mailing Address 305 South State Street		Transaction ID: 14513975
City	State	Zip Code
Aberdeen	SD	57402-4450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Avera St. Luke's	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. David Link		Date of Receipt MM / DD / YYYY 08 / 27 / 2007
Mailing Address 4601 Shields Avenue S.		Transaction ID: 14523891
City	State	Zip Code
Sioux Falls	SD	57103-5818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sanford Health	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms Cindy Morrison		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address P O Box 5039		Transaction ID: 14523892
City State Zip Code Sioux Falls SD 57117-5039	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sanford University of South Dakota Med	Occupation Senior Vice President for Public Polic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Michelle McEwen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 16 Hospital Road		Transaction ID: 14548385
City State Zip Code Plymouth NH 03264-1126	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Spears Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Louise McCleery		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 245 Main Street		Transaction ID: 14548386
City State Zip Code Colebrook NH 03576-3002	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Upper Connecticut Valley Hospital	Occupation Chief Excutive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Anne Jamieson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address One Parkland Drive		Transaction ID: 14548387
City State Zip Code Derry NH 03038-2746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Parkland Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Joseph M Kortum		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address P O Box 1600		Transaction ID: 14548394
City State Zip Code Vancouver WA 98668-1600	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Southwest Washington Medi- cal Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. James Leonard		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 413 Lilly Road NE		Transaction ID: 14548395
City State Zip Code Olympia WA 98506-5166	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Providence St. Peter Hosp- ital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jeffrey D Selberg		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007	
Mailing Address 2420 West 26th Ave, Ste 100-D		Transaction ID: 14548414	
City State Zip Code Denver CO 80211-5302	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Exempla Healthcare, Inc.	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Kenneth E S Platou		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007	
Mailing Address 800 South Third Street		Transaction ID: 14548415	
City State Zip Code Montrose CO 81401-4291	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Montrose Memorial Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. John Sackett		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007	
Mailing Address 100 Health Park Drive		Transaction ID: 14548416	
City State Zip Code Louisville CO 80027-9583	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Avista Adventist Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mitchell C Carson		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007
Mailing Address P O Box 1659		Transaction ID: 14548417
City State Zip Code Longmont CO 80502-1659	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Longmont United Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Karl B Gills		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007
Mailing Address 1024 Central Park Drive		Transaction ID: 14548418
City State Zip Code Steamboat Springs CO 80487-8813	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Yampa Valley Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. John R Hicks		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2007
Mailing Address 1850 Egbert Street		Transaction ID: 14548419
City State Zip Code Brighton CO 80601-2404	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Platte Valley Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Herman Schreivogel		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2007	
Mailing Address P O Box 248		Transaction ID: 14548420	
City Hugo	State CO	Zip Code 80821-0248	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lincoln Community Hospital and Nursing	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Alan W Brass, FACHE		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2007	
Mailing Address 4615 Ginger Hill Rd.		Transaction ID: 14548441	
City Toledo	State OH	Zip Code 43623-1095	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ProMedica Health System	Occupation Chief Executive Officer and President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Randy Oostra		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2007	
Mailing Address 21 Tremore Way		Transaction ID: 14548442	
City Holland	State OH	Zip Code 43528-9108	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ProMedica Health System	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Barbara J. Petee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 4621 Beaconsfield Ct.		Transaction ID: 14548443
City Toledo State OH Zip Code 43623-3205	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer ProMedica Health System Occupation Vice President, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Barbara Steele		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 2142 North Cove Boulevard		Transaction ID: 14548444
City Toledo State OH Zip Code 43606-3896	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Toledo Hospital, The Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr Jack M Bryan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 900 East Oak Hill Avenue		Transaction ID: 14548458
City Knoxville State TN Zip Code 37917-4556	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mary's Medical Center Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Andrew Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 1905 Amerian Way		Transaction ID: 14548459
City Kingsport State TN Zip Code 37660-5882	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wellmont Health System Occupation Director, Community Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard Parks		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 708 West Forest Avenue		Transaction ID: 14548460
City Jackson State TN Zip Code 38301-3901	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Tennessee Healthcare Occupation President, Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Laurie Acred-Natelson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 1901 Clinch Avenue		Transaction ID: 14548461
City Knoxville State TN Zip Code 37916-2307	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Fort Sanders Regional Medical Center Occupation Director of Medical/Surgical Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Katie Vaughan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 506 A East Howell Avenue		Transaction ID: PR1034595119490	
City Alexandria	State VA	Zip Code 22301	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Washingt	Occupation Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Ms. Melinda Reid Hatton		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR1045726219490	
City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Washingt	Occupation VP & Chief Washington Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	P/R Deduction (\$50.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Ms. Sohini Jindal		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW		Transaction ID: PR1125613619490	
City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00	P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 270.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Mary Meadows		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		Transaction ID: PR1260472919490	
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 41.67		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Organization of Nurse Executi	Occupation Director of Professional Practice		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.02		P/R Deduction (\$13.89 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Alex White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		Transaction ID: PR1339349919490	
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 180.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Associa- tion	Occupation Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1020.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Frances Margolin		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		Transaction ID: PR1347702719490	
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Operatinos HRET		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 296.67
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Jack A. Mackay		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1347703619490
Mailing Address One North Franklin		Amount of Each Receipt this Period 75.00
City Chicago State IL Zip Code 60606-3436	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Chicago Occupation Vice President & CIO	Aggregate Year-to-Date <input type="text"/> 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Ms. Linda Fishman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327629119490
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 135.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Washingt Occupation Vice President Federal Relations	Aggregate Year-to-Date <input type="text"/> 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727319490
Mailing Address 107 East Lane		Amount of Each Receipt this Period 150.00
City Lake Barrington State IL Zip Code 60010-1939	FEC ID number of contributing federal political committee. C	
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs	Aggregate Year-to-Date <input type="text"/> 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	<input type="text"/> 360.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Deborah F. Weiner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745919490	
Mailing Address 11004 Petersborough		Amount of Each Receipt this Period 150.00	
City Rockville	State MD	Zip Code 20852-3249	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer American Hospital Association-Washingt	
Occupation Director, Grassroots Advocacy		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) B. Mr. Neil J. Jesuele		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327801719490	
Mailing Address 1003 Kimberly Place		Amount of Each Receipt this Period 75.00	
City Great Falls	State VA	Zip Code 22066-1546	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer American Hospital Association-Washingt	
Occupation Executive Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327812019490	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer American Organization of Nurse Executi	
Occupation Executive Director		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 895.00			

SUBTOTAL of Receipts This Page (optional) ▶	345.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Ellen A. Pryga		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327851919490
Mailing Address 2401 Calvert Street, NW Apt. 1008		Amount of Each Receipt this Period 75.00
City Washington State DC Zip Code 20008-2614	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858019490
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Executive Director, AHAPAC	Aggregate Year-to-Date ▼ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. John F. Barry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327877819490
Mailing Address One North Franklin		Amount of Each Receipt this Period 130.47
City Millis State MA Zip Code 60606-3436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$43.49 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ 652.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	325.47
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. George F. Bergstrom		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address One North Franklin		Transaction ID: PR327895719490
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)	
Name of Employer American Hospital Association-Chicago Occupation Vice President	Aggregate Year-to-Date ▼ _____ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John R. Combes, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1610 Tahiti Court		Transaction ID: PR328006019490
City State Zip Code Gulf Breeze FL 32563-4937	Amount of Each Receipt this Period _____ 150.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer American Hospital Association-Chicago Occupation COO, Center for Healthcare Governance	Aggregate Year-to-Date ▼ _____ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Richard J Umbdenstock		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328132819490
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 135.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$45.00 Bi-Weekly)	
Name of Employer American Hospital Association-Washingt Occupation President	Aggregate Year-to-Date ▼ _____ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 360.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Barbara Lorschach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136919490
Mailing Address 204 South 7th Avenue		Amount of Each Receipt this Period 150.00
City State Zip Code La Grange IL 60525-6406	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Ms. Donna J. Melkonian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223819490
Mailing Address 5545 N. Wayne		Amount of Each Receipt this Period 75.00
City State Zip Code Chicago IL 60640-1318	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224919490
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 150.00
City State Zip Code Silver Spring MD 20906	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328241419490	
Mailing Address 1093 N. Faldo Way		Amount of Each Receipt this Period 83.34	
City State Zip Code Eagle ID 83616-5369	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		
		P/R Deduction (\$27.78 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260919490	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00	
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310419490	
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 150.00	
City State Zip Code Arnold MD 21012-2126	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	353.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Stephen M. Ahnen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312719490	
Mailing Address 1001 N. Potomac St.		Amount of Each Receipt this Period 150.00	
City Arlington	State VA	Zip Code 22205-1629	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341819490	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 120.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511819490	
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 142.80	
City Yardley	State PA	Zip Code 19067-5736	P/R Deduction (\$47.60 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 856.80	

SUBTOTAL of Receipts This Page (optional) ▶	412.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell

Mailing Address 909 N. Madison St.

City Arlington State VA Zip Code 22205-1655

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

Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: PR328512019490

Amount of Each Receipt this Period
60.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey

Mailing Address AHA One North Franklin Street

City Chicago State IL Zip Code 60606

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

Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Ab

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: PR329013419490

Amount of Each Receipt this Period
75.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

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

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Executive Br

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.10

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

Transaction ID: PR329084419490

Amount of Each Receipt this Period
65.22

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

SUBTOTAL of Receipts This Page (optional)	200.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. W. Thomas Deweese		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 500 Interstate Boulevard South		Transaction ID: PR329215719490		
City State Zip Code Nashville TN 37210-4634	Amount of Each Receipt this Period _____ 150.00		P/R Deduction (\$50.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	Aggregate Year-to-Date ▼ _____ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Mr. Thomas Misfeldt		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address One North Franklin		Transaction ID: PR330411619490		
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 75.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer American Hospital Association-Chicago	Occupation Associate Regional Executive	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4960 138th Circle West		Transaction ID: PR330475419490		
City State Zip Code Apple Valley MN 55124-9229	Amount of Each Receipt this Period _____ 120.00		P/R Deduction (\$40.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	Aggregate Year-to-Date ▼ _____ 720.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 345.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Jennifer E. Mallard		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6109 North 9th Road		Transaction ID: PR330534319490
City State Zip Code Arlington VA 22205-1609	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Gene O'Dell		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 530 North Lakeshore Drive Unit 2303		Transaction ID: PR330547719490
City State Zip Code Chicago IL 60611-7424	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address One North Franklin		Transaction ID: PR330549219490
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 195.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Walter J. Reiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776119490	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 65.22	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation V.P., Advocacy & Member Communications Aggregate Year-to-Date ▼ 391.32		
		P/R Deduction (\$21.74 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Ms. Darlene S. Vanderbush		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331304219490	
Mailing Address 26 West Glendale Ave.		Amount of Each Receipt this Period 57.72	
City Alexandria State VA Zip Code 22301-1101	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Advocacy and Public Policy Op Aggregate Year-to-Date ▼ 346.30		
		P/R Deduction (\$19.24 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Alexander R. White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416019490	
Mailing Address PO Box 15587		Amount of Each Receipt this Period 180.00	
City Austin State TX Zip Code 78761-5587	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Executive Aggregate Year-to-Date ▼ 1077.69		
		P/R Deduction (\$60.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	302.94
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Donald May		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 521 Great Falls Street		Transaction ID: PR331533219490	
City State Zip Code Falls Church VA 22046-2613	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 720.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Ms. Elizabeth Summy		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		Transaction ID: PR346168119490	
City State Zip Code Chicago IL 60606-3436	Amount of Each Receipt this Period _____ 62.49		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Executive Director, ASHRM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 333.28		P/R Deduction (\$20.83 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Kristin Welsh		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR517619719490	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 117.60		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Senior Director Executive Branch Relat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 686.40		P/R Deduction (\$39.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 300.09
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 78	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 South Royal Street

City State Zip Code
Alexandria VA 22314-4142

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

Name of Employer American Hospital Association-Washingt
Occupation Senior Associate Director, Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.82

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

Transaction ID: PR766023719490

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	57.72
TOTAL This Period (last page this line number only)	▶	50314.75

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. California Healthcare Association PAC - Federal		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 1215 K Street Suite 800		Transaction ID: 14493329
City Sacramento State CA Zip Code 95814	Amount of Each Receipt this Period 35000.00	
FEC ID number of contributing federal political committee. C C00237495		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 136000.00	

Full Name (Last, First, Middle Initial) B. New York Hospital & Healthcare Assoc. FED PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address One Empire Drive		Transaction ID: 14494346
City Rensselaer State NY Zip Code 12144	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C C00160259		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) C. Health Alliance of PA PAC - Federal		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address Post Office Box 8600		Transaction ID: 14497756
City Harrisburg State PA Zip Code 17105-8600	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C C00128082		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45000.00	

SUBTOTAL of Receipts This Page (optional) ▶	55000.00
TOTAL This Period (last page this line number only) ▶	55000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 65 / 78	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1400 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2704.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 14563049

Amount of Each Receipt this Period
336.92

Interest

SUBTOTAL of Receipts This Page (optional)	▶	336.92
TOTAL This Period (last page this line number only)	▶	336.92

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Blue Dog PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 14565676

Amount of Each Receipt this Period
2500.00

Refund of Misdeposited Contribution - Originally 1/07 to Democratic Freshmen PAC

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 14563050 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address Ste. 001		Amount of Each Disbursement this Period 4.50
City Chicago State IL Zip Code 60679	Merchant Fees	
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 14563052 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address Ste. 001		Amount of Each Disbursement this Period 7.38
City Chicago State IL Zip Code 60679	Merchant Fees	
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Merchant Bankcard		Transaction ID: 14563342 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 100.89
City Dallas State TX Zip Code 75201	Merchant Fees	
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	112.77
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14563411

Date of Disbursement

08 / 20 / 2007

Amount of Each Disbursement this Period

48.52

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

48.52

TOTAL This Period (last page this line number only)

161.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Jay Rockefeller		Transaction ID: 14497796 Date of Disbursement 08 / 02 / 2007
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 1000.00
City Charleston	State WV	
Zip Code 25327	Purpose of Disbursement Contribution	
Candidate Name Sen. John D. Rockefeller, IV		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: WV District: 2		

Full Name (Last, First, Middle Initial) B. Nancy Pelosi For Congress		Transaction ID: 14497701 Date of Disbursement 08 / 02 / 2007
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 5000.00
City San Francisco	State CA	
Zip Code 94104	Purpose of Disbursement Contribution	
Candidate Name Rep. Nancy Pelosi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: CA District: 8		

Full Name (Last, First, Middle Initial) C. Donald A. Manzullo For Congress		Transaction ID: 14497773 Date of Disbursement 08 / 02 / 2007
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 1200.00
City Rockford	State IL	
Zip Code 61126	Purpose of Disbursement Contribution	
Candidate Name Rep. Donald A. Manzullo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
State: IL District: 16		

SUBTOTAL of Disbursements This Page (optional) ▶	7200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mike Ferguson for Congress		Transaction ID: 14497755 Date of Disbursement 08 / 02 / 2007
Mailing Address 340 North Ave E Ste. 6		Amount of Each Disbursement this Period 1000.00
City Cranford State NJ Zip Code 07016	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee for the Preservation of Capitalism (CPC)		Transaction ID: 14497690 Date of Disbursement 08 / 02 / 2007
Mailing Address P.O. Box 65314		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 22036	2007 Contribution	
Purpose of Disbursement 2007 Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Davis For Congress/Friends Of Davis		Transaction ID: 14497775 Date of Disbursement 08 / 02 / 2007
Mailing Address 5956 W. Race Avenue		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60644	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Danny K. Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Jesse Jackson Jr. For Congress		Transaction ID: 14497793 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 490286		Amount of Each Disbursement this Period 1500.00 Contribution
City Chicago State IL Zip Code 60649	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jesse L. Jackson, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jim Gerlach For Congress Committee		Transaction ID: 14497699 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address PO Box 87		Amount of Each Disbursement this Period 1000.00 Contribution
City Uwchland State PA Zip Code 19480	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. James W. Gerlach		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim Ryan For Congress		Transaction ID: 14497795 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 80 F St NW Suite 804		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Timothy J. Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Richardson for Congress		Transaction ID: 14497696 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 1212 S. Victory Blvd.		Amount of Each Disbursement this Period 2000.00 Contribution
City Burbank State CA Zip Code 91502	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Laura Richardson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 07 Special Run-Off	

Full Name (Last, First, Middle Initial) B. Reynolds For Congress		Transaction ID: 14497808 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 2000.00 Contribution
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas M. Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hooley For Congress		Transaction ID: 14497800 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1000.00 Contribution
City Salem State OR Zip Code 97308	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Committee To Elect McHugh		Transaction ID: 14497807 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. John M. McHugh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kuhl For Congress		Transaction ID: 14497804 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 10 Ganesvoort Street Suite 101		Amount of Each Disbursement this Period 1000.00
City Bath State NY Zip Code 14810	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. John Randall Kuhl		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lucille Roybal-Allard For Congress		Transaction ID: 14497813 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 4500.00
City Kensington State MD Zip Code 20895	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Lucille Roybal-Allard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Lucille Roybal-Allard For Congress		Transaction ID: 14497817 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 500.00 Contribution
City Kensington State MD Zip Code 20895	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Lucille Roybal-Allard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campbell For Congress		Transaction ID: 14497812 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address 4590 Macarthur Blvd. Suite 500		Amount of Each Disbursement this Period 600.00 Contribution
City Irvine State CA Zip Code 92660	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Campbell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Loretta Sanchez		Transaction ID: 14497824 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 1212 S Victory Bl Suite 211		Amount of Each Disbursement this Period 130.00 Contribution
City Burbank State CA Zip Code 91502	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Loretta Sanchez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1230.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Brady For Congress		Transaction ID: 14497852 Date of Disbursement MM / DD / YYYY 08 / 14 / 2007	
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 2000.00 Contribution	
City The Woodlands	State TX		Zip Code 77387
Purpose of Disbursement Contribution			011 Category/Type
Candidate Name Rep. Kevin Brady			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 8			

Full Name (Last, First, Middle Initial) B. Jo Bonner For Congress Committee		Transaction ID: 14497862 Date of Disbursement MM / DD / YYYY 08 / 22 / 2007	
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 2500.00 Contribution	
City Mobile	State AL		Zip Code 36685
Purpose of Disbursement Contribution			011 Category/Type
Candidate Name Rep. Jo Bonner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 1			

Full Name (Last, First, Middle Initial) C. Alexander For Senate 2008 Inc		Transaction ID: 14497858 Date of Disbursement MM / DD / YYYY 08 / 22 / 2007	
Mailing Address 228 S Washington Street Suite 115		Amount of Each Disbursement this Period 2500.00 Contribution	
City Alexandria	State VA		Zip Code 22314
Purpose of Disbursement Contribution			011 Category/Type
Candidate Name Sen. Lamar Alexander			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 1			

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Becerra For Congress		Transaction ID: 14497689 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period -2000.00
City Los Angeles State CA Zip Code 90026	Purpose of Disbursement Void of 6/07 check Candidate Name Rep. Xavier Becerra Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void of 6/07 check

Full Name (Last, First, Middle Initial) B. Friends Of Senator Carl Levin		Transaction ID: 14513743 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 10 G Street Ne, Suite 470		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Candidate Name Sen. Carl Levin Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) C. Charlie Melancon Campaign Committee Inc		Transaction ID: 14513747 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 511 Congress St PO Box 549		Amount of Each Disbursement this Period 2000.00
City Napoleonville State LA Zip Code 70390	Purpose of Disbursement Contribution Candidate Name Rep. Charles Melancon Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Kagen 4 Congress		Transaction ID: 14513749 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7	
Mailing Address 100 West Lawrence Street		Amount of Each Disbursement this Period 500.00	
City Appleton	State WI	Zip Code 54911	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Mr. Steven Kagen			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI	District: 8		

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	38930.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Fund for Political Education		Transaction ID: 14565667	
Mailing Address 325 Seventh Street, NW Suite 700		Date of Disbursement 08 / 17 / 2007	
City Washington	State DC	Zip Code 20004	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Transfer to Administrative Account		008 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Transfer to Administrative Account		

SUBTOTAL of Disbursements This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	300.00