

**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	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		941820.56
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	945108.85									
(c) Total Receipts (from Line 19)	170493.72	872231.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1115602.57	1814052.48								
7. Total Disbursements (from Line 31)	81841.72	780291.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1033760.85	1033760.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	66780.34	310962.45
(i) Itemized (use Schedule A)	48318.61	176874.64
(ii) Unitemized	115098.95	487837.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6666.00
(c) Other Political Committees (such as PACs)	115098.95	494503.09
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	55035.00	373535.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	359.77	2693.83
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))	170493.72	872231.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	170493.72	872231.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	341.72	19650.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	341.72	19650.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80900.00	724901.00
24. Independent Expenditure (use Schedule E)	0.00	35000.04
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	600.00	740.00
(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))	600.00	740.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	81841.72	780291.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	81841.72	780291.63

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)	115098.95	494503.09
34. Total Contribution Refunds (from Line 28(d))	600.00	740.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114498.95	493763.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	341.72	19650.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	341.72	19650.59

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

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

FOR LINE NUMBER: PAGE 6 / 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: 12820566

Amount of Each Receipt this Period
10000.00

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

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 12892825

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
71800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 6

Transaction ID: 12899884

Amount of Each Receipt this Period
4800.00

SUBTOTAL of Receipts This Page (optional) ► **24800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 105
	(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

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
105000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2006

Transaction ID: 12966686

Amount of Each Receipt this Period
25000.00

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

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75235.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: 12988192

Amount of Each Receipt this Period
5235.00

SUBTOTAL of Receipts This Page (optional)	30235.00
TOTAL This Period (last page this line number only)	55035.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 105
	<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 H. Wiesman		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 4521 Hickory Grove Blvd.		Transaction ID: 12852503
City State Zip Code Greenwood IN 46143-7448	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Hospital&Health 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	

Full Name (Last, First, Middle Initial) B. Mr. Gregory W Lintjer		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 53308 Monticola Lane		Transaction ID: 12852508
City State Zip Code Bristol IN 46507-9692	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Elkhart General Healthcare System	Occupation Hospital 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 E. Morr, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 5227 North Washington Boulevard		Transaction ID: 12852596
City State Zip Code Indianapolis IN 46220-3060	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Hospital&Health 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) ▶	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 9 / 105
	<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. Mrs. Bernice C. Ulrich		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 4655 Running Brook Terrace		Transaction ID: 12852598	
City State Zip Code Greenwood IN 46143-9255	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Indiana Hospital&Health 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		

Full Name (Last, First, Middle Initial) B. Mr. Charles H Mason, , Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 6402 Cherry Hill Parkway		Transaction ID: 12852610	
City State Zip Code Fort Wayne IN 46835-9637	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Parkview Hospital	Occupation Hospital 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. Kenneth G. Stella		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 4671 Bedford Court		Transaction ID: 12852619	
City State Zip Code Carmel IN 46033-4647	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Indiana Hospital&Health Association	Occupation Hospital Association 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) ▶	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 / 105
	<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. Spencer L. Grover		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 3636 Emily Way		Transaction ID: 12852642
City State Zip Code Carmel IN 46033-4442	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Hospital&Health 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	

Full Name (Last, First, Middle Initial) B. Mr. Timothy A. Flesch		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 336 Lant Lane		Transaction ID: 12852647
City State Zip Code Evansville IN 47715-3400	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Mary's Medical Center of Evansvill	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) C. Ms. Allison D. Wharry		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 4636 St. John Circle		Transaction ID: 12852689
City State Zip Code Zionsville IN 46077-8140	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana Hospital&Health Association	Occupation Director, Health Policy	
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 11 / 105
	<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. Al Allee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 319 East Josephine		Transaction ID: 12888254	
City State Zip Code Frederick OK 73542-2220		Amount of Each Receipt this Period 65.05	
FEC ID number of contributing federal political committee. C			
Name of Employer Memorial Hospital and Physician Group		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 565.05	

Full Name (Last, First, Middle Initial) B. Mr. David Blackmon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address P O Box 129		Transaction ID: 12888257	
City State Zip Code Lawton OK 73502-0129		Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Comanche County Memorial Hospital		Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Dr. James Ireland, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address PO Box 129		Transaction ID: 12888266	
City State Zip Code Lawton OK 73502-0129		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Comanche County 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	

SUBTOTAL of Receipts This Page (optional) ▶	590.05
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 12 / 105
	<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. Rex Jones		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address P O Box 1038		Transaction ID: 12888268	
City Okmulgee	State OK	Zip Code 74447-1038	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Okmulgee 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		

Full Name (Last, First, Middle Initial) B. Mr. Lex Smith		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address P O Box 129		Transaction ID: 12888273	
City El Reno	State OK	Zip Code 73036-0129	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Parkview Hospital	Occupation Administrator		
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) C. Mr. Douglas K Weaver		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address P O Box 129		Transaction ID: 12888274	
City Lawton	State OK	Zip Code 73502-0129	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Comanche County Memorial Hospital	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 13 / 105
	<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 C. Becker		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 7800 South Eagle Road		Transaction ID: 12888389	
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) B. Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 12675 Riviera Heights Road		Transaction ID: 12888392	
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, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 888.96		

Full Name (Last, First, Middle Initial) C. Ms. Kathleen C. Poff		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 5119 Coventry Waye		Transaction ID: 12888399	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.24		

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: (check only one)	PAGE 14 / 105
	<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. Gerald M. Sill, J.D.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006	
Mailing Address 2906 Valley View Terrace		Transaction ID: 12888403	
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			
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) B. Mr. Marc D. Smith		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006	
Mailing Address 5612 Tanner Bridge Road		Transaction ID: 12888404	
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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 888.96	

Full Name (Last, First, Middle Initial) C. Ms. Carmela S. Coyle		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: 12888416	
City State Zip Code Washington DC 20004-2818		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt Occupation Senior Vice President, Policy			
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) ▶	1138.90
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 15 / 105
	<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. William D Petasnick		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 1848 Hidden Reserve Court		Transaction ID: 12888419	
City State Zip Code Mequon WI 53092-5566	Amount of Each Receipt this Period 1000.00		
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		

B. Full Name (Last, First, Middle Initial) Mrs. Rosemari Davis		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 2700 SE Stratus Avenue		Transaction ID: 12888643	
City State Zip Code McMinnville OR 97128-6498	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Willamette 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 ▼ 275.00		

C. Full Name (Last, First, Middle Initial) Mr. Marvin Haas		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 1109 Riverrock Way		Transaction ID: 12888644	
City State Zip Code Medford OR 97504-5642	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Asante Health System	Occupation Vice President, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1525.00
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 / 105
	<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. Roy G Vinyard

Mailing Address 2650 Siskiyou Blvd, Suite 200

City Medford State OR Zip Code 97504-8170

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888648

Amount of Each Receipt this Period
300.00

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

Mailing Address 2519 Meadowcreek Drive

City Medford State OR Zip Code 97504-3666

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

Name of Employer Asante Health System Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888649

Amount of Each Receipt this Period
430.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry A Mullins, FACHE

Mailing Address P O Box 1068

City Corvallis State OR Zip Code 97339-1068

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

Name of Employer Samaritan Health Services Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: 12888651

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)	955.00
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 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Richard Cagen		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 1235 NE 47th Avenue Suite 299		Transaction ID: 12888652
City State Zip Code Portland OR 97229-8087	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Providence Health System	Occupation Chief Executive Officer-Portland Area	
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. Lucille C. Giddings		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 57 Prospect Street		Transaction ID: 12888660
City State Zip Code Nantucket MA 02554-4345	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nantucket Cottage Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Alan G. MacDonald		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 92 Bacon Street		Transaction ID: 12888661
City State Zip Code Winchester MA 01890-2638	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hallmark Health System	Occupation Chairman of the Trustees	
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 18 / 105
	<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. Nathan O. Rosenberg

Mailing Address 920 Glenneyre Street
Suite #2

City Laguna Beach State CA Zip Code 92651-2740

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

Name of Employer St. Rose Hospital Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: 12888662

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Granger

Mailing Address P. O. Box 7000

City Columbus State GA Zip Code 31908-7000

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

Name of Employer St. Francis Hospital Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: 12891967

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. James McLaughlin Hobson

Mailing Address 126 Grand Oaks Ct

City Albany State GA Zip Code 31721-9522

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

Name of Employer Phoebe Putney Memorial Hospital Occupation Executive Vice President/COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: 12892003

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 105
	<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. Douglas C Keir		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 521 Hill Street SW		Transaction ID: 12892041	
City State Zip Code Thomson GA 30824-2118	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. C			
Name of Employer McDuffie Regional 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 ▼ 255.00		

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 / 2 3 / 2 0 0 6	
Mailing Address 777 Hemlock Street 777 Hemlock Street		Transaction ID: 12892050	
City State Zip Code Macon GA 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	Occupation Director, Radiology		
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. H. Scott Kroell, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address P O Box 919		Transaction ID: 12892055	
City State Zip Code Hinesville GA 31310-0919	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Regional Medical Center	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	755.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 105
	(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. G. Lamar Lyle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address Post Office Box 44		Transaction ID: 12892070	
City State Zip Code Dalton GA 30722-0044	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hamilton Medical Center	Occupation Chairman		
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. Eric P Norwood		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 4693 Glenshire Place		Transaction ID: 12892129	
City State Zip Code Dunwoody GA 30338-5512	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DeKalb Medical Ctr	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) C. Mr. Rhett C. Partin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address Route 2 Box 3425		Transaction ID: 12892139	
City State Zip Code Nashville GA 31639-9537	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Hospital Association	Occupation Executive Director, The Center for Rur		
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 21 / 105
	<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. Diane J. Patrick

Mailing Address U. S. Hwy 319

City State Zip Code
Omega GA 31775

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

Name of Employer
Tift Regional Medical Center

Occupation
Vice President, Patient Care Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: 12892143

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. J. Larry Read

Mailing Address 1350 Walton Way

City State Zip Code
Augusta GA 30901-2629

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

Name of Employer
University Health Care System

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: 12892163

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. William T Richardson

Mailing Address 302 w. 24th Street

City State Zip Code
Tifton GA 31794-2808

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

Name of Employer
Tift Regional Medical Center

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: 12892168

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 105
	<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. J. Thomas Shepherd		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 164 Eagle Ridge Drive		Transaction ID: 12892196
City State Zip Code Eastman GA 31023-3807	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Dodge 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. Kurt Stuenkel, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address P O Box 233		Transaction ID: 12892215
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	

Full Name (Last, First, Middle Initial) C. Mr. Joel Wernick		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 417 Byron Plantation Road		Transaction ID: 12892248
City State Zip Code Albany GA 31721-9030	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Phoebe Putney Health Systems	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 23 / 105
	<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 Wolfe

Mailing Address 2716 Wynnton Drive

City State Zip Code
Duluth GA 30097-3706

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

Name of Employer Occupation
Gwinnett Hospital System Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: 12892262

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles T Adams

Mailing Address P O Box 589

City State Zip Code
Royston GA 30662-0589

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

Name of Employer Occupation
Ty Cobb Healthcare System, Inc. Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: 12892270

Amount of Each Receipt this Period
250.00

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

Mailing Address 925 Cedar Street

City State Zip Code
Metter GA 30439-3003

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

Name of Employer Occupation
Candler County Hospital CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2006

Transaction ID: 12892275

Amount of Each Receipt this Period
125.00

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:	PAGE 24 / 105
	(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. Vivian Austin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 10 Shorecrest Court		Transaction ID: 12892280	
City State Zip Code Savannah GA 31410-1054		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 Nursing Supervisor	
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. Donald R Avery, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 6493 Cape Cod Drive		Transaction ID: 12892281	
City State Zip Code Columbus GA 31904-2965		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hughston Orthopedic 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. Gilbert A. Banks		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address P. O. Box 1383		Transaction ID: 12892286	
City State Zip Code Forsyth GA 31029-1383		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Monroe County 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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Ken B Beverly		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 76		Transaction ID: 12892305	
City State Zip Code Ochlocknee GA 31773-0076		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. Edward J Bonn		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 11 Upper Riverdale Road SW		Transaction ID: 12892312	
City State Zip Code Riverdale GA 30274-2600		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Southern 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Oliver J Booker		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 460 Sunset Circle		Transaction ID: 12892313	
City State Zip Code Forsyth GA 31029-1671		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Monroe 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 ▼ 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 26 / 105
	<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. Donald Campbell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1114 Hazeltine Lane		Transaction ID: 12892330
City State Zip Code Kennesaw GA 30152-4742	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WellStar Cobb Hospital Occupation Senior Vice President, Physician Servi	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. Robert A Colvin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address P O Box 23089		Transaction ID: 12892347
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	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. Rita Culvern		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1067 Peachtree Street		Transaction ID: 12892358
City State Zip Code Louisville GA 30434-1599	Amount of Each Receipt this Period 33.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jefferson Hospital Occupation Chief Executive Officer	Aggregate Year-to-Date ▼ 283.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	533.00
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 / 105
	<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. Daniel Body		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 543 Flambeau Retreat		Transaction ID: 12897258
City State Zip Code Mt Pleasant SC 29464-2760	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Palmetto Lowcountry Behavioral Health	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. Lisa Irvin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 159 Harbour Watch Way		Transaction ID: 12897259
City State Zip Code Mount Pleasant SC 29464-2827	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation VP of Nursing	
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. Ellen Jackson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 316 Calhoun Street		Transaction ID: 12897260
City State Zip Code Charleston SC 29401-1113	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation VP, Managed Care & Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Bret D. Johnson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 235 Oak Point Landing Drive		Transaction ID: 12897261
City State Zip Code Mount Pleasant SC 29464-6279	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Edmond R. Jordan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 201 Graylyn Drive		Transaction ID: 12897262
City State Zip Code Anderson SC 29621-1985	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AnMED Health Medical Center	Occupation Director of Urgent Care	
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. J. Thornton Kirby		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1000 Center Point Road		Transaction ID: 12897263
City State Zip Code Columbia SC 29210-5802	Amount of Each Receipt this Period 250.06	
FEC ID number of contributing federal political committee. C		
Name of Employer South Carolina Hospital Association	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.06	

SUBTOTAL of Receipts This Page (optional) ▶	1000.06
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 105
	<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)
Steven Lopez, M.D.

Mailing Address 911 Etiwan Park Street

City Daniel Island State SC Zip Code 29492-7923

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

Name of Employer Palmetto Lowcountry Behavioral Health Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.50

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897267

Amount of Each Receipt this Period
 400.50

B. Full Name (Last, First, Middle Initial)
Dr. Joseph Modzelewski

Mailing Address 2435 Forest Drive

City Columbia State SC Zip Code 29204-2026

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

Name of Employer Sisters of Charity Providence Hospital Occupation Vice Chief of Medical Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897270

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Jerry A Parrish

Mailing Address 800 North Fant Street

City Anderson State SC Zip Code 29621-5793

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

Name of Employer AnMED Health Medical Center Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897272

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	1150.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 105
	<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. Greg Rusnak		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 701 Grove Road		Transaction ID: 12897275
City State Zip Code Greenville SC 29605-4211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenville Hospital System	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Severance		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 32 Stocker Drive		Transaction ID: 12897278
City State Zip Code Charleston SC 29407-7416	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Roper 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. Steven D. Shapiro		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 682 North Sterling Drive		Transaction ID: 12897279
City State Zip Code Charleston SC 29412-9150	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation VP of Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Stuart E. Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 169 Ashley Avenue PO Box 250332		Transaction ID: 12897280 Amount of Each Receipt this Period 500.00
City Charleston State SC Zip Code 29403-5836	FEC ID number of contributing federal political committee. C	
Name of Employer MUSC Medical Center of Medical Univers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Clinical Operations Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Allan Stalvey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 101 Medical Circle Post Office Box 6009		Transaction ID: 12897283 Amount of Each Receipt this Period 250.06
City West Columbia State SC Zip Code 29169-3655	FEC ID number of contributing federal political committee. C	
Name of Employer South Carolina Hospital Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 250.06	

C. Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 298 Memorial Drive		Transaction ID: 12897284 Amount of Each Receipt this Period 250.00
City Seneca State SC Zip Code 29672-9499	FEC ID number of contributing federal political committee. C	
Name of Employer Oconee Memorial 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) ▶	1000.06
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 / 105
	<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. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City State Zip Code
Johns Island SC 29455-3108

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

Name of Employer Occupation
Roper Hospital Vice President of System Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897286

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard Boyer

Mailing Address 6143 Hampton Ridge

City State Zip Code
Columbia SC 29209-1308

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

Name of Employer Occupation
Sisters of Charity Providence Hospital Director of Emergency Department

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897287

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City State Zip Code
Charleston SC 29414-5733

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

Name of Employer Occupation
Roper 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
0 8 / 2 8 / 2 0 0 6

Transaction ID: 12897289

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 105
	<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. Philip A Clayton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address P O Box 829		Transaction ID: 12897290	
City Conway	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29528-0829			
FEC ID number of contributing federal political committee. C			
Name of Employer Conway Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Richard E D'Alberto, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address P O Box 976		Transaction ID: 12897292	
City Clinton	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29325-0976			
FEC ID number of contributing federal political committee. C			
Name of Employer Laurens County Healthcare 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		

Full Name (Last, First, Middle Initial) C. Mr. Thomas C Dandridge		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 3000 St Matthews Road		Transaction ID: 12897293	
City Orangeburg	State SC	Amount of Each Receipt this Period 500.00	
Zip Code 29118-1442			
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Medical Center of Orangeburg	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 34 / 105
	<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. J. Larry Dozier, Jr., FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1325 Spring Street		Transaction ID: 12897296	
City State Zip Code Greenwood SC 29646-3875	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fairfield 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		

Full Name (Last, First, Middle Initial) B. Mr. David L. Dunlap, FACHE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 125 Doughty Street Suite 760		Transaction ID: 12897298	
City State Zip Code Charleston SC 29403-5736	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Roper-St. Francis Healthcare	Occupation President and CEO		
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. George T. Edwards		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 787 Shell Island Circle		Transaction ID: 12897299	
City State Zip Code Charleston SC 29412	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Roper Hospital	Occupation Director of Legal Services		
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 35 / 105
	<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. Howard Harrison		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 316 Calhoun Street		Transaction ID: 12897301
City State Zip Code Charleston SC 29401-1113	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Roper Hospital	Occupation VP, Human Resources	
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. M John Heydel		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1325 Spring Street		Transaction ID: 12897304
City State Zip Code Greenwood SC 29646-3860	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Regional Healthcare	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. Steve Altmiller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 801 West Maple Street		Transaction ID: 12897817
City State Zip Code Farmington NM 87401-5698	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer San Juan 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) ▶	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 36 / 105
	<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. Jeffrey M. Dye		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 2121 Osuna Road NE		Transaction ID: 12897818	
City State Zip Code Albuquerque NM 87113-1001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Mexico Hospitals & Health Systems	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. William H. Nelson		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 3021 Shakespeare Place		Transaction ID: 12899583	
City State Zip Code Salt Lake City UT 84108-2514	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Intermountain Health Care, 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) C. Dr. Charles W Sorenson, , Jr., M.D		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 36 South State Street, 22nd Fl		Transaction ID: 12899584	
City State Zip Code Salt Lake City UT 84111-1453	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Intermountain Health Care, Inc.	Occupation Executive Vice President and Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 37 / 105
	<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. Albert R Zimmerli		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 36 South State Street, 22nd Fl		Transaction ID: 12899585	
City State Zip Code Salt Lake City UT 84111-1453	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Intermountain Health Care, Inc.	Occupation Senior Vice President and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Richard Smith		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 1400 North 500 East		Transaction ID: 12899589	
City State Zip Code Logan UT 84341-2499	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Logan Regional Hospital	Occupation Chief Operating 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. Mark H. Shuter		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 272 Hospital Road		Transaction ID: 12902516	
City State Zip Code Chillicothe OH 45601-9031	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adena Health System	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 38 / 105
	<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. Gordon F. Brunner		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 7300 Sanderson Place		Transaction ID: 12902518	
City State Zip Code Cincinnati OH 45243-4045	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Christ Hospital	Occupation Trustee		
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. Aurora Lambert		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 12042 Cedar creek Drive		Transaction ID: 12902520	
City State Zip Code Cincinnati OH 45240-1002	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jewish 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		

Full Name (Last, First, Middle Initial) C. Mr. David R. Carpenter, , FACHE		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 6229 Northlake Drive		Transaction ID: 12962845	
City State Zip Code Parkville MO 64152-6080	Amount of Each Receipt this Period 600.00		
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 ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
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 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. James V. Ferando		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address P. O. Box 26666		Transaction ID: 12962853
City State Zip Code Albuquerque NM 87125-6666	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Presbyterian Healthcare Services	Occupation Sr. 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) B. Mr. Samuel T Wallace		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 1200 Pleasant Street		Transaction ID: 12963422
City State Zip Code Des Moines IA 50309-1453	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Iowa Health System	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. Robert R Sellers		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 631 North Eighth Street		Transaction ID: 12963423
City State Zip Code Missouri Valley IA 51555-1199	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Alegent Health Community Memorial Hosp	Occupation Regional 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) ▶	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 40 / 105
	<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. Jeanne Goche		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 410 Main Street		Transaction ID: 12963425
City State Zip Code Manning IA 51455-1093	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Manning Regional Health-care Center	Occupation Chief Executive Officer & 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. Eric L Lothe		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address P O Box 1006		Transaction ID: 12963428
City State Zip Code Newton IA 50208-1006	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Skiff Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Donna Katen-Bahensky		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 200 Hawkins Drive		Transaction ID: 12963432
City State Zip Code Iowa City IA 52242-1007	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of Iowa Hospitals and Clinics	Occupation Director and Chief Executive Officer	
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) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Charles L Millburg, , CHE		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006
Mailing Address 300 Pershing Avenue		Transaction ID: 12963433
City State Zip Code Shenandoah IA 51601-2355	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shenandoah 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. Peter W Thoreen		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006
Mailing Address 2720 Stone Park Boulevard		Transaction ID: 12963434
City State Zip Code Sioux City IA 51104-3795	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's Regional Medic- al Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Ronald R Reed		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006
Mailing Address 500 East Market Street		Transaction ID: 12963435
City State Zip Code Iowa City IA 52245-2689	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 105
	(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. Greg E. Boattenhamer		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 100 East Grand Avenue Suite 100		Transaction ID: 12963437	
City State Zip Code Des Moines IA 50309-1829	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Iowa Hospital Association	Occupation Sr. Vice President, Government Relations		
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. Kimberly A Russel		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 1111 Duff Avenue		Transaction ID: 12963438	
City State Zip Code Ames IA 50010-5745	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mary Greeley Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Leo A. Bressanelli		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 1227 East Rusholme Street		Transaction ID: 12963440	
City State Zip Code Davenport IA 52803-2498	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Genesis Medical Center, Davenport	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 43 / 105
	<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 M. Miller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address Miller Dairy Sales, Ltd. Route 2 Box 163		Transaction ID: 12963441
City Chariton State IA Zip Code 50049-9661	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lucas County Health Center Occupation Trustee	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. Michael D Trachta		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 312 Ninth Street SW		Transaction ID: 12963443
City Waverly State IA Zip Code 50677-2929	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Waverly Health Center Occupation 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. Mr. A. James Tinker		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 701 Tenth Street SE		Transaction ID: 12963444
City Cedar Rapids State IA Zip Code 52403-1251	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Medical Center Occupation President and Chief Executive Officer	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 44 / 105
	(check only one)	<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. David M Holcomb		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address P O Box 2C		Transaction ID: 12963445	
City State Zip Code Council Bluffs IA 51502-3002	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jennie Edmundson Memorial Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Arthur J. Spies		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 100 East Grand Avenue Suite 100		Transaction ID: 12963447	
City State Zip Code Des Moines IA 50309-1829	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Iowa Hospital Association	Occupation Senior Vice President, Membership Svcs		
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. Gary S. Kahn		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 1104 5th Avenue W. Post Office Box 489		Transaction ID: 12963448	
City State Zip Code Newton IA 50208-3511	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Skiff Medical Center	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) ▶	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 / 105
	<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. J. Kirk Norris		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 5055 Upper Creek Drive		Transaction ID: 12963449
City Pleasant Hill	State IA Zip Code 50327	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Iowa Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ms. Mary Ann Osborn, RN, MA		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 1026 A Avenue		Transaction ID: 12963450
City Cedar Rapids	State IA Zip Code 52406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Luke's Hospital	Occupation Vice President, Chief Clinical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Sandra L. McIntosh		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006
Mailing Address 1208 Woodland Dr. SE		Transaction ID: 12963451
City Cedar Rapids	State IA Zip Code 52403-9076	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Luke's Hospital	Occupation Director, Emergency Medical/Surgical	
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 46 / 105
	<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. R. Reed Fraley		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 257 Clouse Lane		Transaction ID: 12964419	
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 ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Mr. Brent A Marsteller		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 1340 Hal Greer Boulevard		Transaction ID: 12971541	
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) C. Mr. Mark Doak		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address RR 1 Box 180		Transaction ID: 12971543	
City State Zip Code Beverly WV 26253-9753	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Davis Memorial Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 47 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. David J Robertson		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 2052 Iron Bridge Circle		Transaction ID: 12971545	
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		

Full Name (Last, First, Middle Initial) B. Ms. Karen L Bowling		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 127 Orlando Street		Transaction ID: 12971546	
City State Zip Code Beckley WV 25801-8792	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Raleigh General Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Scott C Stamm		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 6314 Highland Drive		Transaction ID: 12971547	
City State Zip Code Huntington WV 25705-2301	Amount of Each Receipt this Period 265.00		
FEC ID number of contributing federal political committee. C			
Name of Employer River Park Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00		

SUBTOTAL of Receipts This Page (optional) ▶	1265.00
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 / 105
	<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. Tony E Atkins		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 103 Hunter Drive		Transaction ID: 12971548
City State Zip Code Buckhannon WV 26201-9600	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph's Hospital of Buckhannon	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. Richard L. Miller		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 743 Canterbury Drive		Transaction ID: 12971552
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. Michael B. Robbins		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 31 Carriage Road		Transaction ID: 12971553
City State Zip Code Charleston WV 25314-2165	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Virginia Hospital Association	Occupation V.P. - Financial Policy	
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 / 105
	<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 G. Couch		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3 East Benjamin Drive		Transaction ID: 12971554	
City State Zip Code New Martinsville WV 26155-2758	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wetzel County Hospital	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Mark J Howard		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3100 North Tenaya Way		Transaction ID: 12974562	
City State Zip Code Las Vegas NV 89128-0436	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MountainView Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Benjamin K. Chu, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 393 E. Walnut Street 7th Floor		Transaction ID: 12974571	
City State Zip Code Pasadena CA 91188-0001	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser Foundation Health Plan and Hosp	Occupation Regional President, Southern Californi		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

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 50 / 105
	<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)
Ms. Helen R. Strieder

Mailing Address 83 Penniman Place

City State Zip Code
Brookline MA 02445-4135

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

Name of Employer Occupation
New England Baptist Hospital Trustee

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2006

Transaction ID: 12976083

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Erick Beyer

Mailing Address 641 Salem End road

City State Zip Code
Framingham MA 01702-5529

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

Name of Employer Occupation
New England Baptist Hospital President & CEO

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2006

Transaction ID: 12976084

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dana P Diggins

Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code
Concord MA 01742-9120

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2006

Transaction ID: 12976085

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 51 / 105
	<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. Gary Lavidas		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 33 Christine Street		Transaction ID: 12976086	
City Worcester	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 01606-2306			
FEC ID number of contributing federal political committee. C			
Name of Employer UMass Memorial Health Care, Inc.	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		

Full Name (Last, First, Middle Initial) B. Mr. Calvin M. Pierson		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 4 Kampman Court		Transaction ID: 12976087	
City Sparks	State MD	Amount of Each Receipt this Period 800.00	
Zip Code 21152-9423			
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Ms. Pamela Williams		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3001 S. Hanover Street		Transaction ID: 12976091	
City Baltimore	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 21225-1233			
FEC ID number of contributing federal political committee. C			
Name of Employer Harbor Hospital Center	Occupation Asst. VP, Human Resources		
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) ▶	1300.00
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 52 / 105
	<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 Gipson		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 3001 South Hanover Street		Transaction ID: 12976092
City State Zip Code Baltimore MD 21225-1233	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Harbor Hospital Center	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) B. Mr. Thomas Corley		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address North 5633 Lidgerwood Avenue		Transaction ID: 12976116
City State Zip Code Spokane WA 99208-2533	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	
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) C. Mr. John T Evans, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 124 Heather Lane		Transaction ID: 12976117
City State Zip Code Wenatchee WA 98801-9644	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Central Washington Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	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 53 / 105
	<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. Gerard Fischer		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 5909 West Pima Court		Transaction ID: 12976118
City State Zip Code Spokane WA 99208-9010	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sacred Heart Medical Center	Occupation Vice President- Systems Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard W Linneweh, Jr.		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 2811 Tieton Drive		Transaction ID: 12976119
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	
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. Susan Reiter		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address PO Box 307		Transaction ID: 12976120
City State Zip Code Enumclaw WA 98022-0307	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Enumclaw Community Hospital	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 105
	<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 Y 08 / 31 / 2006	
Mailing Address P O Box 646		Transaction ID: 12976121	
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. Alan R. Yordy		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 3956 Shasta View		Transaction ID: 12976122	
City Eugene	State OR	Zip Code 97405-5868	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer PeaceHealth	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Thomas P Rasmusson		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 525 North Foster		Transaction ID: 12976221	
City Mitchell	State SD	Zip Code 57301-2966	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Avera Queen of Peace	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) ▶	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 55 / 105
	<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. Fredrick Slunecka		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address P O Box 5045		Transaction ID: 12976223	
City State Zip Code Sioux Falls SD 57117-5045		Amount of Each Receipt this Period 250.00	
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. Dr. David Erickson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address P O Box 38		Transaction ID: 12976224	
City State Zip Code Yankton SD 57078-0038		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Avera Health		Occupation Senior 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Deb Fischer Clemens		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address P O Box 5045		Transaction ID: 12976225	
City State Zip Code Sioux Falls SD 57117-5045		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Avera McKennan Hospital and University		Occupation Director Center for Public Policy	
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) ▶	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 56 / 105
	<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 08 / 31 / 2006	
Mailing Address 1601 E. 56th St.		Transaction ID: 12976229	
City State Zip Code Sioux Falls SD 57103-5469	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sioux Valley Hospitals and Health Syst	Occupation Vice President Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Becky Nelson		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address P O Box 5039		Transaction ID: 12976230	
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 Sioux Valley Hospital University Medic	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. William Mason Moss		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 2300 Opitz Boulevard		Transaction ID: 12977896	
City State Zip Code Woodbridge VA 22191-3311	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Potomac Hospital	Occupation 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 57 / 105
	<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. Anthony R. Clark

Mailing Address 13003 Occoquan Road

City State Zip Code
Woodbridge VA 22192-2810

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

Name of Employer Prince William Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12977899

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Judie S. Snipes

Mailing Address 77 Gloucester Court

City State Zip Code
Troutville VA 24175-6625

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

Name of Employer Carilion Health System Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12977901

Amount of Each Receipt this Period
250.00

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

Mailing Address 3307 Brewton Way

City State Zip Code
Midlothian VA 23113-3793

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

Name of Employer VCU Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12977904

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 58 / 105
	<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. Matthew J. Perry		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 205 Tel Brooke Road		Transaction ID: 12977909
City State Zip Code Rocky Mount VA 24151-4000	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bedford Memorial Hospital	Occupation Hospital Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald E. Lorton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1141 Windy Hill Road		Transaction ID: 12977913
City State Zip Code Goodview VA 24095-2909	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carilion Health System	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. J. Knox Singleton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 8110 Gatehouse Road		Transaction ID: 12977914
City State Zip Code Falls Church VA 22042-1210	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Inova Health System	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 59 / 105
	<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. Russell Seneca		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3300 Gallows Road		Transaction ID: 12977925	
City State Zip Code Falls Church VA 22042-3307	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Fairfax Hospital	Occupation Chairman, Dept. Surgery		
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. Peggy J. Braun		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3116 Yeates Lane		Transaction ID: 12977938	
City State Zip Code Virginia Beach VA 23452-6117	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Sentara Virginia Beach General Hospital	Occupation Nurse Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.50		

Full Name (Last, First, Middle Initial) C. Mr. Shawn McLaughlin		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 104 Commonwealth Avenue		Transaction ID: 12977948	
City State Zip Code Alexandria VA 22301-2316	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Health System	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	562.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 105
	<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. David L Bernd

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

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

Name of Employer Sentara Healthcare Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2006

Transaction ID: 12977951

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Bertram Reese

Mailing Address 6015 Poplar Hall Drive

City Norfolk State VA Zip Code 23502-3819

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

Name of Employer Sentara Healthcare Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2006

Transaction ID: 12977952

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1460 Waggaman Circle

City McLean State VA Zip Code 22101-4004

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

Name of Employer Inova Health System Occupation Trustee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2006

Transaction ID: 12977955

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 61 / 105
	<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. Gary R Yates, , M.D.		Date of Receipt MM / DD / YYYY 08 / 31 / 2006
Mailing Address 3268 Stapleford Chase		Transaction ID: 12977956
City Virginia Beach	State VA	Zip Code 23452-6272
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Sentara Healthcare	Occupation Executive Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Vincent S Conti		Date of Receipt MM / DD / YYYY 08 / 31 / 2006
Mailing Address 22 Bramhall Street		Transaction ID: 12978588
City Portland	State ME	Zip Code 04102-3134
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Maine Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. James Morris		Date of Receipt MM / DD / YYYY 08 / 31 / 2006
Mailing Address 301 Second Street Northeast		Transaction ID: 12978861
City New Prague	State MN	Zip Code 56071-1709
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 225.00	
Name of Employer Queen of Peace Hospital	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 105
	<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. Debra K Boardman

Mailing Address 323 South Minnesota Street

City State Zip Code
Crookston MN 56716-1600

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12978867

Amount of Each Receipt this Period
125.00

B. 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**

Name of Employer Allina Hospitals & Clinics
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12978869

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ms. Margaret E Perryman

Mailing Address 200 East University Avenue

City State Zip Code
Saint Paul MN 55101-2598

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12978873

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 105
	<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. Bruce J. Rueben		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 4885 Pheasant Court South		Transaction ID: 12978885
City State Zip Code Afton MN 55001-9415	Amount of Each Receipt this Period 231.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Hospital Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.50	

Full Name (Last, First, Middle Initial) B. Mr. Mark Sonneborn		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 2550 University Avenue		Transaction ID: 12978888
City State Zip Code St. Paul MN 55114	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Minnesota Hospital Association	Occupation Vice President of Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. Mr. Craig J Broman		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 1406 Sixth Avenue North		Transaction ID: 12978893
City State Zip Code Saint Cloud MN 56303-1901	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Cloud Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	601.00
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 64 / 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. James F Hanko		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 1300 Anne Street NW		Transaction ID: 12978901	
City State Zip Code Bemidji MN 56601-5103	Amount of Each Receipt this Period 45.46		
FEC ID number of contributing federal political committee. C			
Name of Employer North Country Regional Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 734.86		

Full Name (Last, First, Middle Initial) B. Dr. Peter E Person, , M.D.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 502 East Second Street		Transaction ID: 12978904	
City State Zip Code Duluth MN 55805-1982	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary's/Duluth Clinic 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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Keith Harvey		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 901 9th Street, North		Transaction ID: 12978905	
City State Zip Code Virginia MN 55792-2348	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Regional Medical Center	Occupation CEO		
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) ▶	670.46
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 65 / 105
	<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. John Sackett		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 100 Health Park Drive		Transaction ID: 12978970
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	

Full Name (Last, First, Middle Initial) B. Mr. David P Gehant		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address P O Box 9019		Transaction ID: 12978972
City State Zip Code Boulder CO 80301-9019	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Boulder Community 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. Dr. Rulon F Stacey, Ph.D		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 1024 South Lemay Avenue		Transaction ID: 12978979
City State Zip Code Fort Collins CO 80524-3998	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Poudre Valley Hospital	Occupation Former President and CEO	
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 66 / 105
	<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. Mitchell C Carson

Mailing Address P O Box 1659

City State Zip Code
Longmont CO 80502-1659

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

Name of Employer Occupation
Longmont United Hospital President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 12978995

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Eitel

Mailing Address P O Box 1326

City State Zip Code
Colorado Springs CO 80901-1326

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

Name of Employer Occupation
Memorial Health System 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 / 31 / 2006

Transaction ID: 12978996

Amount of Each Receipt this Period
250.00

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

Mailing Address P O Box 1628

City State Zip Code
Grand Junction CO 81502-1628

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 12979001

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 67 / 105
	<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. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

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

Name of Employer Occupation
Ohio Hospital Association Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 12979134

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Ms. Cathleen K Nelson

Mailing Address 2600 Navarre Avenue

City State Zip Code
Oregon OH 43616-3297

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.25

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 12979174

Amount of Each Receipt this Period
6.25

C. Full Name (Last, First, Middle Initial)
Mr. Ronald L Jacobson

Mailing Address 305 South State Street

City State Zip Code
Aberdeen SD 57402-4450

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 12979418

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	381.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Kelby K Krabbenhoft		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address P O Box 5039		Transaction ID: 12979419	
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 Sioux Valley Hospitals and Health Syst	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. David Kretschmer		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address HC 83, Box 88		Transaction ID: 12979421	
City State Zip Code Custer SD 57730-9707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Custer Regional 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) C. Mr. David Link		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 4601 Shields Avenue S.		Transaction ID: 12979423	
City State Zip Code Sioux Falls SD 57103-5818	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sioux Valley Hospitals and Health Syst	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 69 / 105
	<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)
Ms. Mary C. Mayhew

Mailing Address 150 Capitol Street

City State Zip Code
Augusta ME 04330-6858

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

Name of Employer Occupation
Maine Hospital Association Vice President, Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: 12979465

Amount of Each Receipt this Period
500.00

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

Mailing Address 83 Penniman Place

City State Zip Code
Brookline MA 02445-4135

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

Name of Employer Occupation
New England Baptist Hospital Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: 12979489

Amount of Each Receipt this Period
250.00

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

Mailing Address 900 Potomac Street

City State Zip Code
Aurora CO 80011-6716

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: 12979494

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert P Barbier

Mailing Address 530 South Jackson Street

City State Zip Code
Louisville KY 40202-3611

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

Name of Employer University of Louisville Hospital
Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: 12979513

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Mr. Lewis T Peoples

Mailing Address P O Box 2400

City State Zip Code
Hopkinsville KY 42241-2400

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

Name of Employer Jennie Stuart 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 / 22 / 2006

Transaction ID: 12979514

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. E. Berton Whitaker

Mailing Address 900 Clinic Drive

City State Zip Code
Madisonville KY 42431-1653

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

Name of Employer Trover Foundation
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: 12979515

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 71 / 105
	<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. Mark J Neff		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 222 Medical Circle		Transaction ID: 12979517	
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		

B. Full Name (Last, First, Middle Initial) Mr. Russ Ranallo		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 811 East Parrish Avenue		Transaction ID: 12979518	
City State Zip Code Owensboro KY 42303-3268	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Owensboro Medical Health System	Occupation Vice President, Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

C. Full Name (Last, First, Middle Initial) Mr. John Countzler		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address PO Box 20007		Transaction ID: 12979519	
City State Zip Code Owensboro KY 42304-0007	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Owensboro Medical Health System	Occupation Accounting Manager		
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) ▶	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 72 / 105
	<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. Tony E. Welch		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 112 Deerfield Hills Road		Transaction ID: 12979521
City State Zip Code Elizabethtown KY 42701-6974	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hardin Memorial Hospital	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ms. Kathryn Cook		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 7380 Turfway Road		Transaction ID: 12979523
City State Zip Code Florence KY 41042-1337	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Luke Hospital West	Occupation Director Administrative and Corporate	
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. David J. Lang		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1008 Crewn Point		Transaction ID: 12979539
City State Zip Code Madisonville KY 42431-8692	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Regional Medical Center of Hopkins Cou	Occupation Vice President Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Garren Colvin		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 1 Medical Village Drive		Transaction ID: 12979540	
City State Zip Code Covington KY 41017-3403	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Elizabeth Medical Center-South	Occupation Senior Vice President and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Ms. Karen Profitt Newman		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 4000 Kresge Way		Transaction ID: 12979541	
City State Zip Code Louisville KY 40207-4676	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Hospital East	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. Mr. Mark B. Carter		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 200 Abraham Flexner Way		Transaction ID: 13326524	
City State Zip Code Louisville KY 40202-1818	Amount of Each Receipt this Period 0.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Jewish Hospital & St. Mary's HealthCare	Occupation Sr. Vice President and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$600.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 105
	<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: PR1034595117417	
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 340.00		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: PR1045726217417	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 680.00		P/R Deduction (\$40.00 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: PR1125613617417	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 340.00		P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City State Zip Code Lake Barrington IL 60010-1939 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727317417 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
---	--

B. Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner Mailing Address 11004 Petersborough City State Zip Code Rockville MD 20852-3249 FEC ID number of contributing federal political committee. C Name of Employer American Hospital 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 ▼ 680.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745917417 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
--	--

C. Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele Mailing Address 1003 Kimberly Place City State Zip Code Great Falls VA 22066-1546 FEC ID number of contributing federal political committee. C Name of Employer American Hospital 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 ▼ 340.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327801717417 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
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SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 105
	<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. Pamela Austin Thompson, RN, MSN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327812017417
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi Occupation Executive Director	Aggregate Year-to-Date ▼ 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327851917417
Mailing Address 2401 Calvert Street, NW Apt. 1008		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20008-2614	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Associa- tion-Washingt Occupation Director, Policy Development	Aggregate Year-to-Date ▼ 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858017417
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Associa- tion-Washingt Occupation Executive Director, AHAPAC	Aggregate Year-to-Date ▼ 680.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John F. Barry		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address One North Franklin		Transaction ID: PR327877817417	
City State Zip Code Millis MA 60606-3436	Amount of Each Receipt this Period _____ 83.32		
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 ▼ _____ 708.22		
		P/R Deduction (\$41.66 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Richard J. Davidson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR327942117417	
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Hospital Association-Washingt	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 680.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Ms. Barbara Lorsbach		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 204 South 7th Avenue		Transaction ID: PR328136917417	
City State Zip Code La Grange IL 60525-6406	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 680.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 243.32
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 78 / 105
	<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. Donna J. Melkonian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223817417	
Mailing Address 5545 N. Wayne		Amount of Each Receipt this Period 40.00	
City Chicago	State IL	Zip Code 60640-1318	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 340.00	

B. Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224817417	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00	
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 Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00	

C. Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224917417	
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 80.00	
City Silver Spring	State MD	Zip Code 20906	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 680.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 105
	<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

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: PR328241417417
Mailing Address 1093 N. Faldo Way		Amount of Each Receipt this Period 55.56
City State Zip Code Eagle ID 83616-5369	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.78 Bi-Weekly)
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

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: PR328260917417
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 160.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	

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: PR328310417417
Mailing Address 1221 Cavalier Road		Amount of Each Receipt this Period 80.00
City State Zip Code Arnold MD 21012-2126	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

SUBTOTAL of Receipts This Page (optional) ▶	295.56
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 80 / 105
	<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. Stephen M. Ahnen Mailing Address 1001 N. Potomac St. City State Zip Code Arlington VA 22205-1629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312717417 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer: American Hospital Association-Washingt Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		

B. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341817417 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer: American Hospital Association-Washingt Occupation: Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00		

C. Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City State Zip Code Yardley PA 19067-5736 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511817417 Amount of Each Receipt this Period 95.20 P/R Deduction (\$47.60 Bi-Weekly)
Name of Employer: American Hospital Association-Chicago Occupation: Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 533.20		

SUBTOTAL of Receipts This Page (optional)	255.20
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 105
	(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. Alicia N. Mitchell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512017417
Mailing Address 909 N. Madison St.		Amount of Each Receipt this Period 40.00
City State Zip Code Arlington VA 22205-1655	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations	Aggregate Year-to-Date ▼ 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Anne E. Ubl		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328767017417
Mailing Address 801 Pennsylvania Ave, NW #245		Amount of Each Receipt this Period 40.00
City State Zip Code Washington DC 20004-2615	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Federal Relations	Aggregate Year-to-Date ▼ 640.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Rebecca Chickey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329013417417
Mailing Address AHA One North Franklin Street		Amount of Each Receipt this Period 40.00
City State Zip Code Chicago IL 60606	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Abuse	Aggregate Year-to-Date ▼ 340.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329071317417	
Mailing Address 1905 Christopher Place		Amount of Each Receipt this Period 120.00	
City State Zip Code Harrisburg PA 17110-3573	FEC ID number of contributing federal political committee. C		
Name of Employer Center for Healthcare Governance Occupation President and COO	Aggregate Year-to-Date 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$60.00 Bi-Weekly)		

B. Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329215717417	
Mailing Address 500 Interstate Boulevard South		Amount of Each Receipt this Period 80.00	
City State Zip Code Nashville TN 37210-4634	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date 680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)		

C. Full Name (Last, First, Middle Initial) Ms. Tama Mattocks		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330273417417	
Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700		Amount of Each Receipt this Period 40.00	
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	Aggregate Year-to-Date 340.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475417417	
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 80.00	
City State Zip Code Apple Valley MN 55124-9229	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 ▼ 680.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330524817417	
Mailing Address 195 Oxford Court		Amount of Each Receipt this Period 40.00	
City State Zip Code Alamo CA 94507-1753	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330534317417	
Mailing Address 6109 North 9th Road		Amount of Each Receipt this Period 40.00	
City State Zip Code Arlington VA 22205-1609	FEC ID number of contributing federal political committee. C		
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 ▼ 340.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 105
	<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. Gene O'Dell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547717417	
Mailing Address 530 North Lakeshore Drive Unit 2303		Amount of Each Receipt this Period 40.00	
City Chicago State IL Zip Code 60611-7424	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Strategic Planning Aggregate Year-to-Date ▼ 340.00		

B. Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549217417	
Mailing Address One North Franklin		Amount of Each Receipt this Period 40.00	
City Chicago State IL Zip Code 60606-3436	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Member Relations Aggregate Year-to-Date ▼ 340.00		

C. Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776117417	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 43.48	
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C		P/R Deduction (\$21.74 Bi-Weekly)
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 ▼ 304.36		

SUBTOTAL of Receipts This Page (optional) ▶	123.48
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 85 / 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr. Mailing Address PO Box 15587 City Austin State TX Zip Code 78761-5587 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416017417 Amount of Each Receipt this Period 83.32
Name of Employer American Hospital Association Occupation AHA Regional Executive for TX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.22	P/R Deduction (\$41.66 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. Donald May Mailing Address 521 Great Falls Street City Falls Church State VA Zip Code 22046-2613 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331533217417 Amount of Each Receipt this Period 80.00
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 ▼ 660.00	P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Ms. Kristin Welsh Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517619717417 Amount of Each Receipt this Period 40.00
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 ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	203.32
TOTAL This Period (last page this line number only)	66780.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 86 / 105	
	(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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

Mailing Address 1400 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2693.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: 12978765

Amount of Each Receipt this Period
359.77

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	359.77
TOTAL This Period (last page this line number only)	▶	359.77

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Merchant Bankcard		Transaction ID: 12978766 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 148.92
City Dallas State TX Zip Code 75201	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Citibank, F.S.B.		Transaction ID: 12978767 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 62.60
City Washington State DC Zip Code 20005	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 12978770 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address Ste. 001		Amount of Each Disbursement this Period 130.20
City Chicago State IL Zip Code 60679	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	341.72
TOTAL This Period (last page this line number only) ▶	341.72

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 105

<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 Pence Committee		Transaction ID: 12823408 Date of Disbursement 08 / 01 / 2006	
Mailing Address P. O. Box 408		Amount of Each Disbursement this Period 1000.00	
City Anderson State IN Zip Code 46015	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. Michael R. Pence	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Jay Rockefeller		Transaction ID: 12823406 Date of Disbursement 08 / 01 / 2006	
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 1000.00	
City Charleston State WV Zip Code 25327	Purpose of Disbursement 2008 Contribution 011 Category/ Type	2008 Contribution	
Candidate Name Sen. John D. Rockefeller, IV	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV 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) C. Price For Congress Committee		Transaction ID: 12881609 Date of Disbursement 08 / 03 / 2006	
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27602	Purpose of Disbursement Contribution 011 Category/ Type	Contribution	
Candidate Name Rep. David E. Price	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 105

<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. Talent For Senate Committee		Transaction ID: 12881668 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 9467 Dielman Rock Island Ind Dr		Amount of Each Disbursement this Period 1000.00 Contribution
City St Louis State MO Zip Code 63132	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sen. James M. Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charles Taylor For Congress Committee		Transaction ID: 12881653 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 2355		Amount of Each Disbursement this Period 1000.00 Contribution
City Asheville State NC Zip Code 28802	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles H. Taylor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charles Taylor For Congress Committee		Transaction ID: 12881658 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 2355		Amount of Each Disbursement this Period 2000.00 Contribution
City Asheville State NC Zip Code 28802	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles H. Taylor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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. Spratt For Congress Committee		Transaction ID: 12881667 Date of Disbursement 08 / 03 / 2006
Mailing Address PO Box 830		Amount of Each Disbursement this Period 4000.00 Contribution
City York State SC Zip Code 29745	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John M. Spratt, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Louise Slaughter Re-Election Committee		Transaction ID: 12881669 Date of Disbursement 08 / 03 / 2006
Mailing Address P.O. Box 730 C/O C. Bruce Lawrence		Amount of Each Disbursement this Period 2000.00 Contribution
City Honeoye State NY Zip Code 14471	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Louise McIntosh Slaughter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Coble For Congress		Transaction ID: 12881611 Date of Disbursement 08 / 03 / 2006
Mailing Address PO Box 1177		Amount of Each Disbursement this Period 2000.00 Contribution
City Greensboro State NC Zip Code 27402	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Howard Coble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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. Moran For Kansas		Transaction ID: 12881664 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 2000.00 Contribution
City Hays State KS Zip Code 67601	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jerry Moran		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sue Myrick For Congress		Transaction ID: 12881650 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 3000.00 Contribution
City Charlotte State NC Zip Code 28237	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Sue Wilkins Myrick		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Vito Fossella		Transaction ID: 12977881 Date of Disbursement MM / DD / YYYY 08 / 03 / 2006
Mailing Address P.O. Box 120197 PO Box 060248		Amount of Each Disbursement this Period 2000.00 Contribution
City Staten Island State NY Zip Code 10312	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Vito J. Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <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) ▶	(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"/> 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. Sue Kelly For Congress		Transaction ID: 12881672 Date of Disbursement 08 / 03 / 2006
Mailing Address PO Box 599		Amount of Each Disbursement this Period 500.00 Contribution
City Katonah State NY Zip Code 10536	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Sue W. Kelly	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 19		

Full Name (Last, First, Middle Initial) B. Bob Etheridge For Congress Committee		Transaction ID: 12881597 Date of Disbursement 08 / 03 / 2006
Mailing Address Post Office Box 28001 PO Box 28001		Amount of Each Disbursement this Period 2000.00 Contribution
City Raleigh State NC Zip Code 27611	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Bob Etheridge	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 2		

Full Name (Last, First, Middle Initial) C. Mike McIntyre For Congress		Transaction ID: 12881636 Date of Disbursement 08 / 03 / 2006
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 1000.00 Contribution
City Lumberton State NC Zip Code 28359	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Mike McIntyre	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 7		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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<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. Hayes For Congress		Transaction ID: 12881639 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 1500.00 Contribution
City Concord State NC Zip Code 28026	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robin C. Hayes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hayes For Congress		Transaction ID: 12881642 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 2000.00 Contribution
City Concord State NC Zip Code 28026	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robin C. Hayes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Walter Jones Committee 2006		Transaction ID: 12881599 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 99667		Amount of Each Disbursement this Period 3000.00 Contribution
City Raleigh State NC Zip Code 27624	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Walter B. Jones, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Lobiondo For Congress		Transaction ID: 12987767 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 775		Amount of Each Disbursement this Period 5000.00
City Marmora State NJ Zip Code 08223	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Tom Allen For Congress Committee		Transaction ID: 12842117 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 2000.00
City Portland State ME Zip Code 04112	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Thomas H. Allen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Brad Miller For United States Congress		Transaction ID: 12881661 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 10322		Amount of Each Disbursement this Period 3000.00
City Raleigh State NC Zip Code 27605	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Bradley Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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. Virginia Foxx For Congress		Transaction ID: 12881610 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1100		Amount of Each Disbursement this Period 2000.00
City Clemmons State NC Zip Code 27012	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Virginia Foxx Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Butterfield For Congress Committee		Transaction ID: 12881596 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address PO Box 2571		Amount of Each Disbursement this Period 1000.00
City Wilson State NC Zip Code 27894	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. George K. Butterfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Badger Fund, The		Transaction ID: 12881681 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 3000 K Street, NW 5th Floor		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20007	2006 Contribution	
Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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FOR LINE NUMBER:
(check only one)

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<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. Fallin For Congress		Transaction ID: 12977879 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 119 N Robinson Suite 400		Amount of Each Disbursement this Period 2500.00
City Oklahoma City State OK Zip Code 73102	Contribution	
Purpose of Disbursement Contribution Candidate Name Mary Fallin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Linder For Congress		Transaction ID: 12978777 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 2000.00
City Duluth State GA Zip Code 30096	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John Linder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Sanford D. Bishop Jr. For Congress		Transaction ID: 12978780 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 909		Amount of Each Disbursement this Period 1000.00
City Columbus State GA Zip Code 31902	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Sanford D. Bishop, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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

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

Use separate schedule(s)
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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. Porter For Congress		Transaction ID: 12978782 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 2000.00 Contribution
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Jon C. Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pete Sessions For Congress 2006		Transaction ID: 12979416 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1500.00 Contribution
City Dallas State TX Zip Code 75238	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Pete Sessions		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee, The		Transaction ID: 12979411 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2000.00 Contribution
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Joe L. Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Chet Edwards For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 23273 City Waco State TX Zip Code 76702 Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12979413 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
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B. Kay Granger Campaign Fund Full Name (Last, First, Middle Initial) Mailing Address 715 Jones Street Suite 101 City Fort Worth State TX Zip Code 76102 Purpose of Disbursement Contribution Candidate Name Rep. Kay Granger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12979412 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
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C. Michael Burgess For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Contribution Candidate Name Rep. Michael C. Burgess, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 12979415 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
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SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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

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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. Kenny Marchant For Congress		Transaction ID: 12979414 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address PO Box 110187		Amount of Each Disbursement this Period 1000.00 Contribution
City Carrollton State TX Zip Code 75011	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Kenneth Marchant		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 24		

Full Name (Last, First, Middle Initial) B. Hooley For Congress		Transaction ID: 12883839 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1500.00 Contribution
City Salem State OR Zip Code 97308	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 5		

Full Name (Last, First, Middle Initial) C. Hulshof For Congress		Transaction ID: 12883841 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 500.00 Contribution
City Columbia State MO Zip Code 65205	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Kenny C. Hulshof		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 9		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. National Leadership PAC		Transaction ID: 12883835 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 635 B Pennsylvania Ave.		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement 2006 Contribution		2006 Contribution
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:		

Full Name (Last, First, Middle Initial) B. Barrett For Congress		Transaction ID: 12883842 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 869 PO Box 869		Amount of Each Disbursement this Period 3000.00
City Westminster State SC Zip Code 29693	011 Category/ Type	
Purpose of Disbursement Contribution		Contribution
Candidate Name Rep. J. Gresham Barrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 3		

Full Name (Last, First, Middle Initial) C. Kay Bailey Hutchison For Senate Committee		Transaction ID: 12888558 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address PO Box 9190 800 Brazos Suite 1200		Amount of Each Disbursement this Period 250.00
City Dallas State TX Zip Code 75209	011 Category/ Type	
Purpose of Disbursement Contribution		Contribution
Candidate Name Sen. Kay Bailey Hutchison		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	4250.00
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. Judy Biggert For Congress		Transaction ID: 12888557 Date of Disbursement 08 / 17 / 2006
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 3000.00 Contribution
City Hinsdale State IL Zip Code 60522	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Judy Biggert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chet Edwards For Congress		Transaction ID: 12888559 Date of Disbursement 08 / 17 / 2006
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 250.00 Contribution
City Waco State TX Zip Code 76702	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Chet Edwards		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Stupak For Congress		Transaction ID: 12906259 Date of Disbursement 08 / 25 / 2006
Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143		Amount of Each Disbursement this Period 100.00 Contribution
City Menominee State MI Zip Code 49858	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Bart Stupak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3350.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Don Sherwood		Transaction ID: 12906251 Date of Disbursement 08 / 25 / 2006	
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 3300.00 Contribution	
City Tunkhannock	State PA		Zip Code 18675
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Donald L. Sherwood			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 10			

Full Name (Last, First, Middle Initial) B. Friends Of George Allen		Transaction ID: 12906255 Date of Disbursement 08 / 25 / 2006	
Mailing Address PO Box 6859		Amount of Each Disbursement this Period 1000.00 Contribution	
City Arlington	State VA		Zip Code 22206
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Sen. George F. Allen			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA District: 2			

Full Name (Last, First, Middle Initial) C. Friends Of Hillary		Transaction ID: 12977845 Date of Disbursement 08 / 31 / 2006	
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 1500.00 Contribution	
City Washington	State DC		Zip Code 20036
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Sen. Hillary Rodham Clinton			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 2			

SUBTOTAL of Disbursements This Page (optional)	5800.00
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. Georgians For Isakson		Transaction ID: 12977847	
Mailing Address Post Office Box 250116		Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
City Atlanta	State GA	Zip Code 30325	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type	
Candidate Name Sen. Johnny Isakson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 2	Contribution		

Full Name (Last, First, Middle Initial) B. Hatch Election Committee Inc		Transaction ID: 12977846	
Mailing Address 175 South West Temple Suite 650		Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
City Salt Lake City	State UT	Zip Code 84101	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		<input type="text" value="011"/> Category/ Type	
Candidate Name Sen. Orrin G. Hatch			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District: 1	Contribution		

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

80900.00

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 checked="" 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. Mr. Mark B. Carter		Transaction ID: 12988081 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 200 Abraham Flexner Way		Amount of Each Disbursement this Period 600.00
City Louisville State KY Zip Code 40202-1818		
Purpose of Disbursement Refund	Category/ Type 010	Refund
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	600.00

**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. Traverse City Golf & Country Club

Mailing Address 1725 S. Union

City Traverse City State MI Zip Code 49864

Purpose of Disbursement
In-Kind catering to Rep Dave Camp (MI-4)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 13303051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

[MEMO ITEM]

In-Kind catering to Rep
Dave Camp (MI-4)

SUBTOTAL of Disbursements This Page (optional) ▶

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