24 hour notice of independent expenditure, on : 10/29/2002

American Hospital Association PAC

325 Seventh Street, NW
Suite 700
Washington DC 20004

10/29/2002 15 : 58

FEC ID No. C00106146

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): American Hospital Association PAC

FEC IDENTIFICATION NUMBER: C00106146

Full Name (Last, First, Middle Initial) of Payee: Stevens & Schriefer Group

Mailing Address: 1133 Connecticut Avenue, N.W. Fifth Floor

City: Washington State: DC Zip Code: 20036

Date: 10 29 2002

Transaction ID: 7295093

Amount: 25480.00

Purpose of Expenditure: Radio Advertisement

Category/Type

Name of Federal Candidate supported or opposed by expenditure: Rep. Robin Hayes

Office Sought: X House ___ Senate ___ Presidential

State: NC District: 8

Check One: X Support ___ Oppose

Full Name (Last, First, Middle Initial) of Payee: Stevens & Schriefer Group

Mailing Address: 1133 Connecticut Avenue, N.W. Fifth Floor

City: Washington State: DC Zip Code: 20036

Date: 10 29 2002

Transaction ID: 7295094

Amount: 24500.00

Purpose of Expenditure: Radio Advertisement

Category/Type

Name of Federal Candidate supported or opposed by expenditure: Rep. Jim Nussle

Office Sought: X House ___ Senate ___ Presidential

State: IA District: 1

Check One: X Support ___ Oppose

Full Name (Last, First, Middle Initial) of Payee: MacWilliams, Robinson & Partners, Inc.

Mailing Address: 1660 L Street, N.W. Suite 301

City: Washington State: DC Zip Code: 20036

Date: 10 29 2002

Transaction ID: 7295095

Amount: 29149.00

Purpose of Expenditure: Radio Advertisement

Category/Type

Name of Federal Candidate supported or opposed by expenditure: Rep. Earl Pomeroy

Office Sought: X House ___ Senate ___ Presidential

State: ND District: 1

Check One: X Support ___ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 79129.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ 0.00

(c) TOTAL Independent Expenditures ..... $

[illegible]

Subscribed and sworn to before me this M M D D Y Y Y Y day of

My Commission expires: M M D D Y Y Y Y

Signature

Date M M D D Y Y Y Y

NOTARY PUBLIC

FEC Schedule E (Form 3X) (Revised 2/03)