

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Hospital Association PAC

ADDRESS (number and street) 325 Seventh Street, NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00106146
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 11 07 2006 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer Electronically Filed by Ms. Melinda Hatton Date 12 07 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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	916173.62									
(c) Total Receipts (from Line 19)	139705.33	1169224.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1055878.95	2111044.77								
7. Total Disbursements (from Line 31)	117116.07	1172281.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	938762.88	938762.88								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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	80755.47	457421.75
(i) Itemized (use Schedule A)	38949.86	270997.74
(ii) Unitemized	119705.33	728419.49
(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)	119705.33	735085.49
(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	20000.00	429568.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3070.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	139705.33	1169224.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	139705.33	1169224.21

DETAILED SUMMARY PAGE
of Disbursements

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.....	366.07	20344.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	366.07	20344.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	116750.00	1115897.82
24. Independent Expenditure (use Schedule E)	0.00	35000.04
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1040.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1040.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	117116.07	1172281.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	117116.07	1172281.89

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 110
	<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. Madeleine Roberson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1719 East 19th Avenue		Transaction ID: 13162968	
City State Zip Code Denver CO 80218-1235	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian-St. Luke's Medical Center	Occupation President and Chief Executive Officer		
Receipt For: <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. Julius D Spears, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1150 Varnum Street NE		Transaction ID: 13166356	
City State Zip Code Washington DC 20017-2180	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Providence 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		

Full Name (Last, First, Middle Initial) C. Ms. Karen A Weller Gregersen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 189 Prouty Drive		Transaction ID: 13224468	
City State Zip Code Newport VT 05855-9820	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Country Hospital and Health Cent	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) ▶	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 7 / 110
	<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. Thomas W Huebner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 160 Allen Street		Transaction ID: 13224469	
City Rutland	State VT	Zip Code 05701-4560	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rutland 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		

Full Name (Last, First, Middle Initial) B. Dr. Melinda Estes, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 111 Colchester Avenue		Transaction ID: 13224470	
City Burlington	State VT	Zip Code 05401-1473	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fletcher Allen Health Care	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. Raymond T Hino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address P O Box 1900		Transaction ID: 13224477	
City Tehachapi	State CA	Zip Code 93581-1900	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tehachapi Valley Healthcare District	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard T Palmisano, , II, R.N.

Mailing Address 71 Hospital Avenue

City State Zip Code
North Adams MA 01247-2504

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

Name of Employer
North Adams Regional Hospital

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13224547

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Patrick L. Muldoon

Mailing Address 100 Kenyon Avenue

City State Zip Code
Wakefield RI 02879-4299

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

Name of Employer
Health Alliance Hospitals

Occupation
President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13224549

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. David Borgert

Mailing Address 1406 Sixth Avenue North

City State Zip Code
Saint Cloud MN 56303-1900

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

Name of Employer
CentraCare Health System

Occupation
Government Relations Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

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

Transaction ID: 13224637

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 110
	<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. Susan Doherty		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address PO Box MC		Transaction ID: 13224643	
City Fargo	State ND	Amount of Each Receipt this Period 250.00	
Zip Code 58122-0001			
FEC ID number of contributing federal political committee. C			
Name of Employer MeritCare Health System	Occupation Public Affairs 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. James Parobek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 315 East Broadway		Transaction ID: 13224656	
City Louisville	State KY	Amount of Each Receipt this Period 300.00	
Zip Code 40202-1703			
FEC ID number of contributing federal political committee. C			
Name of Employer Gateway Rehabilitation Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mr. Richard F. Carrico		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 2055 Eastern Parkway		Transaction ID: 13224658	
City Louisville	State KY	Amount of Each Receipt this Period 300.00	
Zip Code 40204-1406			
FEC ID number of contributing federal political committee. C			
Name of Employer Norton Healthcare	Occupation Vice President		
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) ▶	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 10 / 110
	<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. Ms. Kathy L English, , R.N.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 8200 Dodge Street		Transaction ID: 13224719	
City State Zip Code Omaha NE 68114-4113	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital	Occupation Senior Vice President and Chief Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. James Butler, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 1476 Stonegate Lane		Transaction ID: 13225274	
City State Zip Code East Lansing MI 48823-2172	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sparrow Health System	Occupation Vice Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael P. Kelly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address Post Office Box 71396		Transaction ID: 13225279	
City State Zip Code Fairbanks AK 99707-1396	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fairbanks Memorial Hospital	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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 11 / 110
	<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. Greg Lundstrom		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 113 N. Third		Transaction ID: 13225317
City State Zip Code Lindsborg KS 67456-2328	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lindsborg Community Hospital	Occupation Administrator and Chief Executive Offi	
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. Randall Peterson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 3720 East Bayley		Transaction ID: 13225318
City State Zip Code Wichita KS 67218-3002	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Via Christi Health System	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. Robert Brehm		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 28 Fawnridge Drive		Transaction ID: 13230825
City State Zip Code Long Valley NJ 07853-3248	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kessler Institute for Rehabilitation	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	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 12 / 110
	<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. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

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

Name of Employer
New Jersey Hospital Association

Occupation
Vice President, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13230833

Amount of Each Receipt this Period
15.00

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

Mailing Address 292 Pleasant Valley

City State Zip Code
Morganville NJ 07751-4413

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

Name of Employer
Meridian Health

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13230836

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City State Zip Code
Robbinsville NJ 08691-2554

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

Name of Employer
New Jersey Hospital Association

Occupation
Vice President & General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13230837

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)	▶	155.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 110
	<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. Theresa L. Edelstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 27 Harvest Lane		Transaction ID: 13230838
City State Zip Code Livingston NJ 07039-2750	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation Vice President Continuing Care Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) B. Mr. Guy P. Evans		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 41 Manitto Place		Transaction ID: 13230839
City State Zip Code Oceanport NJ 07757-1510	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce M Gans, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 6 Amherst Road		Transaction ID: 13230844
City State Zip Code Chatham NJ 07928-1802	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Kessler Institute for Rehabilitation	Occupation Executive Vice President and Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	365.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 110
	<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. Alexander J. Hatala		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1 Lucas Court		Transaction ID: 13230851	
City State Zip Code Mt. Laurel NJ 08103-3101		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Our Lady of Lourdes Medical Center		Occupation President/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) B. Ms. Aline M. Holmes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 19 Ashford Drive		Transaction ID: 13230852	
City State Zip Code Plainsboro NJ 08536-3632		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Association		Occupation Senior Manager	
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. Sean J. Hopkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6180 Lower Mountain Road		Transaction ID: 13230853	
City State Zip Code New Hope PA 18938-5760		Amount of Each Receipt this Period 35.42	
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Hospital Association		Occupation Sr. VP., Health Economics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 319.18	

SUBTOTAL of Receipts This Page (optional) ▶	1035.42
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 110
	<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 P. Lavins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 10 Fox Chase Road		Transaction ID: 13230860
City State Zip Code Malvern PA 19355-3441	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New Jersey Hospital Association	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) B. Mr. Steven G Littleton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 85 Fair Haven Road		Transaction ID: 13230862
City State Zip Code Fair Haven NJ 07704-3342	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jersey Shore University Medical Center	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. Gordon N. Litwin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 63 Border Place		Transaction ID: 13230863
City State Zip Code Little Silver NJ 07739-1726	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Meridian Health	Occupation Vice Chairman	
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) ▶	390.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 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. Marc Lory		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 9 Tanya Circle		Transaction ID: 13230865	
City State Zip Code Ocean NJ 07712-7920	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Meridian Health	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. George F Lynn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2500 English Creek Ave, Bldg C		Transaction ID: 13230866	
City State Zip Code Egg Harbor Townshi NJ 08234-5549	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AtlantiCare	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. John P McGee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6 Old Mill Road		Transaction ID: 13230869	
City State Zip Code Holmdel NJ 07733-2315	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Solaris 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) ▶	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 17 / 110
	<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. William Phillips		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1863 Preakness Court		Transaction ID: 13230874	
City State Zip Code Wall NJ 07719-3671	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Meridian Health	Occupation Senior Vice President Finance and Chief		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert P Wise		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 17 Canterbury Lane		Transaction ID: 13230905	
City State Zip Code Lebanon NJ 08833-3217	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hunterdon 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. Steven A. Millard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 615 N. 7th Street		Transaction ID: 13298656	
City State Zip Code Eagle ID 83702-5502	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Idaho Hospital Association	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) ▶	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 18 / 110
	<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. Geri Garten		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address HCR 85 Box 289		Transaction ID: 13298659	
City Bonners Ferry	State ID	Zip Code 83805-9612	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Boundary Community Hospital	Occupation Director 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) B. Mr. Craig A Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 411 Remington Ct.		Transaction ID: 13298662	
City Sandpoint	State ID	Zip Code 83864-2323	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Boundary Community Hospital	Occupation Chief Executive Officer and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. John R. Denbo		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 803 Cambridge Drive		Transaction ID: 13300566	
City Rolla	State MO	Zip Code 65401-4738	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Phelps County 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)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 110
	<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. Michael R. Dunaway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 15081 Linden Lane		Transaction ID: 13300571	
City State Zip Code Leawood KS 66224-3412	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Health Alliance of MidAmerica, The	Occupation Senior VP, Field Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Terry O'Rourke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 5111 DTC Parkway		Transaction ID: 13300580	
City State Zip Code Greenwood Village CO 80111-2601	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Centura Health	Occupation Chief Medical 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. Daniel P Moen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 242 Green Street		Transaction ID: 13300585	
City State Zip Code Gardner MA 01440-1336	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heywood Hospital	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 110
	<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. John O Wilhelm, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 85 Herrick Street		Transaction ID: 13300588
City State Zip Code Beverly MA 01915-1777	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Beverly Hospital	Occupation Executive Vice President and Chief Fin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Normand E Deschene, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 295 Varnum Avenue		Transaction ID: 13300591
City State Zip Code Lowell MA 01854-2134	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lowell General Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter J. Zarrilla		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 6 Bates Lane		Transaction ID: 13300593
City State Zip Code Westford MA 01886-2523	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lowell General Hospital	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 110
	<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 Jeffcote		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 295 Varnum Avenue		Transaction ID: 13300595
City State Zip Code Lowell MA 01854-2195	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lowell General 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. Mr. Robert G Norton, , CHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 81 Highland Avenue		Transaction ID: 13300597
City State Zip Code Salem MA 01970-2768	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Winfield Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 49 Village View Road		Transaction ID: 13300599
City State Zip Code Westford MA 01886-2359	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lowell General Hospital	Occupation Vice President, Administration	
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 22 / 110
	<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. Keith C. McLean-Shinaman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 53n Hayes Road		Transaction ID: 13300601	
City State Zip Code Tariffville CT 06081-9631	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baystate Health, Inc.	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. Mr. John Szum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 3 Windsor Road		Transaction ID: 13300603	
City State Zip Code East Walpole MA 02032-1359	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Care Group, Inc.	Occupation Executive Vice President & CFO		
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. Steven F Bradley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 759 Chestnut Street		Transaction ID: 13300609	
City State Zip Code Springfield MA 01199-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baystate Health, Inc.	Occupation Vice President Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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 23 / 110
	<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. Dennis W. Chalke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 80 Jonquil Lane		Transaction ID: 13300611
City State Zip Code Longmeadow MA 01106-2240	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baystate Medical Center	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	

Full Name (Last, First, Middle Initial) B. Ms. Karen Shine Nelson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2 Stone Headge Drive		Transaction ID: 13300614
City State Zip Code Wilmington MA 01887-3190	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Massachusetts Hospital Association	Occupation Sr. Vice President, Clinical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Joseph White, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 10 Lakeside Terrace		Transaction ID: 13300617
City State Zip Code Westford MA 01886-1392	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lowell General Hospital	Occupation Executive Vice President & COO	
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 24 / 110
	<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. Wayne Dodwell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address Rural Route 1, Box 11		Transaction ID: 13300647
City State Zip Code Machias ME 04654-9758	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Down East Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. William G. Flynn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 41 Shannon Way		Transaction ID: 13300654
City State Zip Code Lancaster MA 01523-2952	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Massachusetts Hospital Association	Occupation Executive Vice President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Edgar L. Lawrence		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1309 Milldam Road		Transaction ID: 13302577
City State Zip Code Towson MD 21286-1432	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Maryland Hospital Association	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 110						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Denise Matricciani		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 4423 Necker Avenue		Transaction ID: 13302578	
City State Zip Code Baltimore MD 21236-2968	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association	Occupation Vice President, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Ms. Pegeen Townsend		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 225 Nckeon Road		Transaction ID: 13302580	
City State Zip Code Severna Park MD 21146	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association	Occupation Sr. Vice President, Legislative Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Mr. Terry W Andrus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2000 Pepperell Parkway		Transaction ID: 13302925	
City State Zip Code Opelika AL 36801-5452	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer East Alabama Medical Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 110
	<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. Michael Lisenby

Mailing Address 807 Laurel Street

City State Zip Code
Opelika AL 36801-3519

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

Name of Employer
East Alabama Medical Center

Occupation
Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2006

Transaction ID: 13302927

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Laura Grill

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36801-5422

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

Name of Employer
East Alabama Medical Center

Occupation
Vice President, Patient Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2006

Transaction ID: 13302933

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Tommy T Chittom

Mailing Address 2000 Pepperell Parkway

City State Zip Code
Opelika AL 36802-3201

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

Name of Employer
East Alabama Medical Center

Occupation
Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2006

Transaction ID: 13302934

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 110
	<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. Ken Lott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1567 Oak Hill Circle		Transaction ID: 13302935
City Auburn State AL Zip Code 36832-6798	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer East Alabama Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Operations Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 4293 Al Hwy. 169		Transaction ID: 13302936
City Opelika State AL Zip Code 36804	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer East Alabama Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President & Administration Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Janice Baker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1798 Ogletree Road		Transaction ID: 13302937
City Auburn State AL Zip Code 36830-7258	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer East Alabama Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 110
	(check only one)	
<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. Carey M. Owen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2520 Springwood Drive		Transaction ID: 13302938	
City Auburn	State AL	Zip Code 36830-7236	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer East Alabama Medical Center	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mr. Sam Price		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2000 Pepperell Parkway		Transaction ID: 13302949	
City Opelika	State AL	Zip Code 36802-3201	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer East Alabama Medical Center	Occupation Vice President, Finance		
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. J. Frazer Rolen, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2204 Lakeshore Drive Suite 230		Transaction ID: 13302950	
City Birmingham	State AL	Zip Code 35209-6729	Amount of Each Receipt this Period 667.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Hospital Association	Occupation Sr. VP & Director, Federal Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 667.00		

SUBTOTAL of Receipts This Page (optional) ▶	2667.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 110		
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gregg B. Everett

Mailing Address 8224 Parkview Court

City State Zip Code
Montgomery AL 36117-6964

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

Name of Employer Alabama Hospital Association
Occupation Sr. Vice President & General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

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

Transaction ID: 13302951

Amount of Each Receipt this Period
504.00

B. Full Name (Last, First, Middle Initial)
Ms. Danne J. Howard

Mailing Address 1812 Woodmere Loop

City State Zip Code
Montgomery AL 36117-5004

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

Name of Employer Alabama Hospital Association
Occupation VP, State Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 13302974

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. R. Thomas Cooper, III

Mailing Address 404 Paddock Lane

City State Zip Code
Montgomery AL 36109-4625

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

Name of Employer Alabama Hospital Association
Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 13302978

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1504.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 110
	<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. Rosemary Blackmon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 547 Le Grand Place		Transaction ID: 13302980
City State Zip Code Montgomery AL 36106-1825	Amount of Each Receipt this Period 252.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Alabama Hospital Association	Occupation Vice President of Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

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

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

SUBTOTAL of Receipts This Page (optional) ▶	827.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 110
	<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. Robert R. Bash		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 906 Woodlawn		Transaction ID: 13302984
City State Zip Code Warren AR 71671-3018	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Booneville Community Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Mr. Roger M. Busfield		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 419 Natural Resources Dr		Transaction ID: 13302985
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Hospital Association	Occupation President Emeritus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Mr. David Cicero		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 797		Transaction ID: 13302986
City State Zip Code Camden AR 71701-0797	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ouachita Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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 32 / 110
	<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. Dean Davenport		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address Post Office Box 3667		Transaction ID: 13302987
City State Zip Code Little Rock AR 72203-3667	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ouachita Medical Center	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Mr. Dan Gathright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 3050 Twin Rivers Drive		Transaction ID: 13302988
City State Zip Code Arkadelphia AR 71923-4299	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Health Medical Center-Arkadelp	Occupation Senior Vice President and Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Mr. Russell D Harrington, , Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 9601 Interstate 630, Exit 7		Transaction ID: 13302989
City State Zip Code Little Rock AR 72205-7202	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Beth Ingram		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 419 Natural Resources Drive		Transaction ID: 13302990	
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Arkansas Hospital Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Mr. Luther J Lewis, FACHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address P O Box 1998		Transaction ID: 13302991	
City State Zip Code El Dorado AR 71731-1998	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center of South Arkansas	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. Phil E. Matthews		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 419 Natural Resources Drive		Transaction ID: 13302992	
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Arkansas Hospital Association	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 34 / 110
	<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. Raymond W Montgomery, II		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 3214 East Race		Transaction ID: 13302993	
City State Zip Code Searcy AR 72143-4810	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer White County 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 ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Mr. John C Neal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address P O Box 1905		Transaction ID: 13302994	
City State Zip Code Stuttgart AR 72160-1905	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Stuttgart 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 ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. James Newman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 895 West 6th Street		Transaction ID: 13302995	
City State Zip Code Fort Smith AR 72958-7001	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Hospital of Scott County	Occupation Senior Vice President and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 35 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Scott Peek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 639		Transaction ID: 13302996
City State Zip Code Danville AR 72833-0639	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Chambers Memorial Hospital	Occupation Chief Executive Officer and Chief Fina	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B. Full Name (Last, First, Middle Initial) Mr. Ronald K Rooney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 339		Transaction ID: 13302997
City State Zip Code Paragould AR 72451-0339	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Methodist Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Mr. Bo Ryall		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 419 Natural Resources Drive		Transaction ID: 13302998
City State Zip Code Little Rock AR 72205-1576	Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arkansas Hospital Association	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

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 36 / 110
	<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. Dr. Stephen Smart, DDS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 318 Thompson		Transaction ID: 13302999	
City State Zip Code El Dorado AR 71730-4569	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center of South Arkansas	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Mr. Doug Weeks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 9601 Interstate 630 Exit 7		Transaction ID: 13303000	
City State Zip Code Little Rock AR 72205-7299	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Health	Occupation Sr. Vice President & Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael D. Helm		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address Post Office Box 17006		Transaction ID: 13303001	
City State Zip Code Fort Smith AR 72917-7006	Amount of Each Receipt this Period 203.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Sparks Regional Medical Center	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.10		

SUBTOTAL of Receipts This Page (optional) ▶	853.10
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 110
	<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. Lee A Simpson, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 21 Bridgeway Road		Transaction ID: 13303002
City State Zip Code North Little Rock AR 72113-9514	Amount of Each Receipt this Period 203.10	
FEC ID number of contributing federal political committee. C		
Name of Employer BridgeWay, The	Occupation Chief Executive Officer and Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.10	

Full Name (Last, First, Middle Initial) B. Mr. Fred L Jackson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 151		Transaction ID: 13303157
City State Zip Code Ashland KY 41105-0151	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer King's Daughters Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Connie Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 90010		Transaction ID: 13303161
City State Zip Code Bowling Green KY 42102-9010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center at Bowling Green, The	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) ▶	1203.10
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 110
	<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. Stephen P Dexter Mailing Address 7 Stony Point City Charleston State WV Zip Code 25314-1663 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: 13304431 Amount of Each Receipt this Period 1000.00
Name of Employer: Thomas Memorial Hospital Occupation: President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mr. Bruce McClymonds Mailing Address 1431 Mayfield Road City Morgantown State WV Zip Code 26505-5809 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: 13304706 Amount of Each Receipt this Period 1000.00
Name of Employer: West Virginia University Hospitals 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		

C. Full Name (Last, First, Middle Initial) Dr. John McKnight Mailing Address 210 Rivercrest Drive City Morgantown State WV Zip Code 26508-9000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 Transaction ID: 13304792 Amount of Each Receipt this Period 1000.00
Name of Employer: Monongalia General Hospital Occupation: Medical Director 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)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 110
	<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. Dan Lauffer, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1039 Pendleton Place		Transaction ID: 13304793
City State Zip Code Hurricane WV 25526-9484	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Saint Francis Hospital 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) B. Mr. David L. Ramsey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 20 Wildacre Road		Transaction ID: 13304798
City State Zip Code Charleston WV 25314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Charleston Area Medical Center 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. Dr. Raymond V Ingham, , Ph.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 217 East Drive		Transaction ID: 13304823
City State Zip Code Lebanon IN 46052-1221	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Witham Memorial 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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 110
	<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. Ian G. Worden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 10749 King's Mill Dr.		Transaction ID: 13305063
City State Zip Code Carmel IN 46032-9467	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Financial 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. Vincent C. Caponi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 8166 Darnley Court		Transaction ID: 13305064
City State Zip Code Indianapolis IN 46260-2906	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jon D. Rahman, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 418 Burlington Lane		Transaction ID: 13305065
City State Zip Code Carmel IN 46032-9162	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 41 / 110
	<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. David R Doerr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 11200 S. State Rd 63		Transaction ID: 13305066	
City State Zip Code Terre Haute IN 47802	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Union Hospital	Occupation CEO		
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) Mr. Kyle De Fur, , FACHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1707 Mimosa Lane		Transaction ID: 13305068	
City State Zip Code Anderson IN 46011-1134	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saint John's 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		

C. Full Name (Last, First, Middle Initial) Mr. Jerry Laue		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 4700 N. S.R. 59		Transaction ID: 13305069	
City State Zip Code Brazil IN 47834	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Vincent Clay 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) ▶	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 42 / 110
	<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. Jane Craigin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1154 E. Boulevard		Transaction ID: 13305070
City State Zip Code Pine Village IN 47975-8053	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Williamsport Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Anne Coleman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 6630 S. 850 E.		Transaction ID: 13305071
City State Zip Code Zionsville IN 46077-9313	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Women's Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael C. Wiemann, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1814 N. 1100 E.		Transaction ID: 13305072
City State Zip Code Sheridan IN 46069-9047	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 110
	<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. Gary A Fammartino		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 4213 W. 131st Street		Transaction ID: 13305073
City State Zip Code Westfield IN 46074-9603	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Patricia A Maryland, , Dr.PH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 10995 Sedgemoor Circle		Transaction ID: 13305074
City State Zip Code Carmel IN 46032-9194	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis 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. Mrs. Jean M. Meyer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 201 Angela Court		Transaction ID: 13305075
City State Zip Code Noblesville IN 46060-9241	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Indianapolis Hospital	Occupation Sr. Vice President & Chief Nursing Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 110
	<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. Paul Janssen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 601 Hosier Dr.		Transaction ID: 13305076	
City State Zip Code New Castle IN 47362-2940	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Henry County Memorial Hospital	Occupation Chief Financial Officer/Senior Vice Pr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Robert J Heckert, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1210 Bedford Road		Transaction ID: 13305077	
City State Zip Code Washington IN 47501-2129	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Daviess Community Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Blake A Dye		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2805 W. Co. Rd. 250 S		Transaction ID: 13305078	
City State Zip Code New Castle IN 47362	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Henry County 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)	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 45 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Karen Haskins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address Post Office Box 7340		Transaction ID: 13305184
City State Zip Code Bismarck ND 58507-7340	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer North Dakota Healthcare Association	Occupation Vice President, Member Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Douglas G. Vang		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 502 Harwood Drive		Transaction ID: 13305188
City State Zip Code Fargo ND 58104-6276	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MeritCare Health System	Occupation Senior Executive of Strategy Development	
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. Roger L Gilbertson, M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 720 Fourth Street North		Transaction ID: 13305198
City State Zip Code Fargo ND 58122-4520	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MeritCare 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) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 110
	(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. David Molmen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1000 South Columbia Road		Transaction ID: 13305211	
City State Zip Code Grand Forks ND 58201-4032	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Altru Health System	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		

B. Full Name (Last, First, Middle Initial) Mr. Arnold R. Thomas, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 700 Mustang Drive		Transaction ID: 13305218	
City State Zip Code Bismarck ND 58503-8204	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Dakota Healthcare Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Michael V Sack		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 585 Lebanon Street		Transaction ID: 13305223	
City State Zip Code Melrose MA 02176-3225	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hallmark 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		

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 47 / 110
	<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. Frank Frazier		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 166 Quincy Shore Drive		Transaction ID: 13305224
City State Zip Code Quincy MA 02171-2943	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HEALTHSOUTH Braintree Rehabilitation H	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Randy Doherty		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 250 Pond Street		Transaction ID: 13305225
City State Zip Code Braintree MA 02184-5351	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HEALTHSOUTH Braintree Rehabilitation H	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Peter Racicot		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 250 Pond Street		Transaction ID: 13305226
City State Zip Code Boston MA 02130-2429	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HEALTHSOUTH Braintree Rehabilitation H	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 110
	<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. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street
220

City State Zip Code
Burlington MA 01803-3766

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

Name of Employer Massachusetts Organization of Nurse Ex
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13305227

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. David J Trull

Mailing Address 1153 Centre Sreet

City State Zip Code
Boston MA 02130-3400

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

Name of Employer Faulkner Hospital
Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13305228

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy A. Crawford

Mailing Address 1616 Lobdellavenue

City State Zip Code
Baton Rouge LA 70806-8246

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

Name of Employer Woman's Hospital
Occupation Vice President, Medical Staff Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 13305244

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 110
	<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 A. Dresser

Mailing Address One Kelly Lane

City State Zip Code
Wayland MA 01778-1034

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

Name of Employer Emerson Hospital Occupation Vice President, Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 13305257

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Gail E. Allen

Mailing Address 28 Mill Road

City State Zip Code
Westborough MA 01581-2902

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

Name of Employer Emerson Hospital Occupation Director, Financial Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 13305258

Amount of Each Receipt this Period
250.00

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

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3894

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

Name of Employer Anna Jaques Hospital Occupation Vice President, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 13305259

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 110
	<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 Mullen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 270 Stepping Stone Drive		Transaction ID: 13305260	
City State Zip Code Alpharetta GA 30004-4007	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heywood Hospital	Occupation Vice President, Patient Care Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. David M Barrett, , M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 41 Mall Road		Transaction ID: 13305261	
City State Zip Code Burlington MA 01805-0001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lahey Clinic Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Ms. Michael Regunberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address Five New England Executive Park		Transaction ID: 13305262	
City State Zip Code Burlington MA 01803-5010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts 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 ▼ 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 51 / 110
	<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. Richard Aubut		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 55 Fogg Road		Transaction ID: 13305263	
City State Zip Code South Weymouth MA 02190-2432	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Shore 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. Charles C Franz, , CHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4300 Bartlett Street		Transaction ID: 13305295	
City State Zip Code Homer AK 99603-7000	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Peninsula Hospital	Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Linda Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1524 Creekside Lane		Transaction ID: 13309858	
City State Zip Code Green Bay WI 54311-7348	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Aurora BayCare Medical Ce- nter	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) ▶	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 52 / 110
	<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. Carl Brown		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 411 N. Front Street		Transaction ID: 13310796	
City State Zip Code Wilmington NC 28401-3910	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Hanover Regional Medical Center	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Mr. Joseph W. Crossett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 411 Glendale		Transaction ID: 13311002	
City State Zip Code Liberty MO 64068-2811	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Hospital	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3619 Stansbury Mill Road		Transaction ID: 13311887	
City State Zip Code Phoenix MD 21131-1730	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association	Occupation Sr. VP Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 110
	<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. Ms. Catherine M. Crowley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2100 Poplar Ridge Road		Transaction ID: 13311888	
City State Zip Code Pasadena MD 21122-3820	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Ms. Beverly L. Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 6820 Deerpath Road		Transaction ID: 13311901	
City State Zip Code Elkridge MD 21075-6234	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maryland Hospital Association	Occupation V.P., Professional Activities		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Mr. James Cannon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 12844 Military Road South		Transaction ID: 13314275	
City State Zip Code Tukwila WA 98168-3094	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Hospital for Respiratory and	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) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 110
	<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. Elizabeth Gilje		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 400 Warren Avenue		Transaction ID: 13314276	
City State Zip Code Bremerton WA 98337-1487	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer KPS Health Plans	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

Full Name (Last, First, Middle Initial) C. Ms. Judy Hodgson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 2830 206th Terrace NE		Transaction ID: 13314279	
City State Zip Code Sammamish WA 98074-4369	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PeaceHealth	Occupation Sr. Vice President, Organizational Dev		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 110
	<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. Leo F. Greenawalt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 4423 E. Sequim Bay Road		Transaction ID: 13315247	
City State Zip Code Sequim WA 98382-9679		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Washington State 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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Gail C Larson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address P O Box 1147		Transaction ID: 13315248	
City State Zip Code Everett WA 98206-1147		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Everett Medical Center		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Ms. Janet Liang		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 2700 152nd Avenue NE		Transaction ID: 13315249	
City State Zip Code Redmond WA 98052-5560		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Eastside Hospital and Specialty Center		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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 56 / 110
	<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. Peter Morgan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2700 125nd Avenue Northeast		Transaction ID: 13315251
City State Zip Code Redmond WA 98052	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastside Hospital and Specialty Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Andrea Nenzel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 14432 SE Eastgate Way		Transaction ID: 13315252
City State Zip Code Bellevue WA 98007-6493	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PeaceHealth	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Skip Kriz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2095 Lakeview Drive		Transaction ID: 13315817
City State Zip Code Eugene OR 97408-7207	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PeaceHealth	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 57 / 110
	<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. Gary V Peck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address P O Box 197		Transaction ID: 13315899
City State Zip Code Chewelah WA 99109-0197	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph's Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Brenda Suiter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 300 Elliott Avenue West Suite 300		Transaction ID: 13315973
City State Zip Code Seattle WA 98119-4198	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Washington State Hospital Association	Occupation Director, Rural & Public Health 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) C. Mr. Scott E. Armstrong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 3855 44th Avenue NE		Transaction ID: 13316043
City State Zip Code Seattle WA 98105-5448	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Eastside Hospital and Specialty Center	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 110
	(check only one)	
<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. Randy Revelle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 2809 39th Avenue West		Transaction ID: 13316120	
City State Zip Code Seattle WA 98119-4198	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Washington State Hospital Association	Occupation Vice President, Policy & Public Affair		
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. Gregory C. Van Pelt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address PO Box 389672		Transaction ID: 13316206	
City State Zip Code Seattle WA 98138-9672	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Health & Services	Occupation Sr. VP & Chief Regional Operations Off		
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. Michael Horsley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 8107 Henslow Court		Transaction ID: 13317708	
City State Zip Code Montgomery AL 36117-7475	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Hospital Association	Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 110
	(check only one)	
<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. Linda U Jordan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address P O Box 1270		Transaction ID: 13317710
City State Zip Code Ashland AL 36251-1270	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Clay County Hospital	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey M Brannon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 400 North Edwards Street		Transaction ID: 13317713
City State Zip Code Enterprise AL 36330-2510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Center Enterprise	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. Ms. C.A. Faulkner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1533 Eden View Circle		Transaction ID: 13317715
City State Zip Code Hoover AL 35244-4118	Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Princeton	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 110
	(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. Ronald S Owen

Mailing Address P O Box 6987

City Dothan State AL Zip Code 36302-6987

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

Name of Employer Southeast Alabama Medical Center Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 13317717

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Mr. Gene Taylor

Mailing Address 701 Princeton Avenue SW

City Birmingham State AL Zip Code 35211-1305

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

Name of Employer Baptist Princeton Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 13317719

Amount of Each Receipt this Period
 300.00

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

Mailing Address 3201 4th Avenue South

City Birmingham State AL Zip Code 35222-1723

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

Name of Employer Baptist Health System Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 13317721

Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 110						
	(check only one)							
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Elizabeth Postlethwait		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 4312 Fair Oaks Drive		Transaction ID: 13317724	
City State Zip Code Birmingham AL 35213-3306	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Princeton	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) B. Ms. Ellen C Briley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 987 Drayton Street		Transaction ID: 13317725	
City State Zip Code Elba AL 36323-1494	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Elba General Hospital	Occupation Administrator and Chief Executive Offi		
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. Douglas P Cropper		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 3300 Gallows Road		Transaction ID: 13323887	
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 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 62 / 110
	<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. Les Abernathy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 1001 Sam Perry Boulevard		Transaction ID: 13323888	
City State Zip Code Fredericksburg VA 22401-3354	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mary Washington Hospital	Occupation Executive Vice President, Corporate Se		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Rodney F Hochman, , M.D.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 6015 Poplar Hall Drive Ste. 300		Transaction ID: 13323891	
City State Zip Code Norfolk VA 23502-3819	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sentara Norfolk General Hospital	Occupation Senior Vice President, Administrator a		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. Patrick Walters		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 8321 Private Lane		Transaction ID: 13323892	
City State Zip Code Annandale VA 22003-4473	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inova Loudoun Hospital	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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 63 / 110
	<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. Dewey R. Pittman

Mailing Address 12207 McClain Street

City State Zip Code
Fredericksburg VA 22407-6660

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

Name of Employer Occupation
Mary Washington Hospital Vice President

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

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

Transaction ID: 13323895

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Rodney Huebbers

Mailing Address 17646 Stonegait Court

City State Zip Code
Round Hill VA 20141-2264

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

Name of Employer Occupation
Inova Loudoun Hospital President & Chief Executive Officer

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

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

Transaction ID: 13323897

Amount of Each Receipt this Period
250.00

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

Mailing Address 1839 Mt. Vernon Road

City State Zip Code
Roanoke VA 24015-2906

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

Name of Employer Occupation
Carilion Health System VP Finance

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

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

Transaction ID: 13323898

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

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

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

C. Full Name (Last, First, Middle Initial) Mr. Wallace Nelson Mailing Address 515 Stonewall Street City Salem State VA Zip Code 24153-2810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Transaction ID: 13323902 Amount of Each Receipt this Period 250.00
Name of Employer Twin County Regional Hospital Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 110
	(check only one)	
<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. Charles Black, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address P O Box 1310		Transaction ID: 13324121	
City State Zip Code Mount Vernon KY 40456-1310		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rockcastle Hospital and Respiratory Ca		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. Mr. Milton Brooks, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address Post Office Box 591		Transaction ID: 13324123	
City State Zip Code Pineville KY 40977-0591		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Pineville Community Hospital Associati		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Stephen A Estes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address P O Box 1310		Transaction ID: 13324127	
City State Zip Code Mount Vernon KY 40456-1310		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Rockcastle Hospital and Respiratory Ca		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 66 / 110
	<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 M Gordon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P O Box 789		Transaction ID: 13324129
City State Zip Code Ashland KY 41105-0789	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Our Lady of Bellefonte 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 Gray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 913 North Dixie Avenue		Transaction ID: 13324130
City State Zip Code Elizabethtown KY 42701-2599	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Hardin Memorial Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Carl G Herde		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 4007 Kresge Way		Transaction ID: 13324131
City State Zip Code Louisville KY 40207-4677	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baptist Healthcare System	Occupation Vice President and Chief Financial Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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 67 / 110
	<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. Robert J Hudson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P O Box 1600		Transaction ID: 13324132
City Richmond	State KY	Zip Code 40476-2603
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Pattie A. Clay Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: <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. Keith Inman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3227 Trail Ridge Road		Transaction ID: 13324133
City Louisville	State KY	Zip Code 40241-6405
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer Jewish Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Dwayne Moss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1301 North Race Street		Transaction ID: 13324142
City Glasgow	State KY	Zip Code 42141-3483
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		
Name of Employer T. J. Samson Community Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 110
	<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. Tommy J Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 4007 Kresge Way		Transaction ID: 13324153	
City State Zip Code Louisville KY 40207-4677	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Healthcare 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		

B. Full Name (Last, First, Middle Initial) Mr. Gary L Brewer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address P O Box 1970		Transaction ID: 13324344	
City State Zip Code Glenwood Springs CO 81602-1970	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Valley View 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		

C. Full Name (Last, First, Middle Initial) Mr. Peter D. Freytag		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 151 West Oak Hills Drive		Transaction ID: 13324358	
City State Zip Code Castle Rock CO 80108-9260	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Colorado Hospital Association	Occupation Vice President and COO		
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 69 / 110
	<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. Marty Arizumi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 7335 East Orchard Road #100		Transaction ID: 13324359
City Englewood	State CO	Zip Code 80111-2582
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Colorado Hospital Association	Occupation Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Jeffrey D Selberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2420 West 26th Ave, Ste 100-D		Transaction ID: 13324368
City Denver	State CO	Zip Code 80211-5302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Exempla Healthcare, Inc.	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Cynthia Duncan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1115 East Jasmine		Transaction ID: 13358999
City Frederick	State OK	Zip Code 73542-4020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital and Physician Group	Occupation Director, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 70 / 110
	<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. Christopher Howard

Mailing Address PO Box 205

City State Zip Code
Oklahoma City OK 73101-0205

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

Name of Employer
SSM Health Care of Oklahoma

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 13359003

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey A. Johnston

Mailing Address 1011 14th Street Northwest

City State Zip Code
Ardmore OK 73401-1828

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

Name of Employer
Mercy Memorial Health Center

Occupation
Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 13359004

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda Jones

Mailing Address 122 North 12th Street

City State Zip Code
Frederick OK 73542-5629

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

Name of Employer
Memorial Hospital and Physician Group

Occupation
Nursing Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13359005

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 110
	<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. Randall K Segler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address P O Box 129		Transaction ID: 13359010	
City State Zip Code Lawton OK 73502-0129		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Comanche County Memorial Hospital		Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Bobby G Thompson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 1011 14th Street NW		Transaction ID: 13359011	
City State Zip Code Ardmore OK 73401-1828		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Memorial Health 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	

C. Full Name (Last, First, Middle Initial) Ms. Gloria Thurman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 319 East Josephine		Transaction ID: 13359012	
City State Zip Code Frederick OK 73542-2220		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Memorial Hospital and Physician Group		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) ▶	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 72 / 110
	<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

A. Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1034595117721 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)
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 ▼ 420.00		

B. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726217721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
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 ▼ 840.00		

C. Full Name (Last, First, Middle Initial) Ms. Barbara Jellen Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1113464217721 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Section Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 110
	<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. Sohini Jindal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613617721
Mailing Address 325 Seventh Street, NW		Amount of Each Receipt this Period 20.00
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 Hospital Association-Washingt Occupation Senior Associate Director	Aggregate Year-to-Date 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727317721
Mailing Address 107 East Lane		Amount of Each Receipt this Period 40.00
City Lake Barrington State IL Zip Code 60010-1939	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs	Aggregate Year-to-Date 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745917721
Mailing Address 11004 Petersborough		Amount of Each Receipt this Period 40.00
City Rockville State MD Zip Code 20852-3249	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy	Aggregate Year-to-Date 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 110
	(check only one)	
<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) Ms. Suzanne R. Sonik		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327777217721	
Mailing Address One North Franklin		Amount of Each Receipt this Period 10.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer American Hospital Association-Chicago	Occupation Director, Long-Term Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327777817721	
Mailing Address One North Franklin		Amount of Each Receipt this Period 10.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327801717721	
Mailing Address 1003 Kimberly Place		Amount of Each Receipt this Period 20.00	
City Great Falls	State VA	Zip Code 22066-1546	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 420.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 110
	<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. Pamela Austin Thompson, RN, MSN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327812017721
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 20.00
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 ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Ellen A. Pryga		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327851917721
Mailing Address 2401 Calvert Street, NW Apt. 1008		Amount of Each Receipt this Period 20.00
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 ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Mark Seklecki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327858017721
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 (\$40.00 Bi-Weekly)
Name of Employer American Hospital Associa- tion-Washingt Occupation Executive Director, AHAPAC	Aggregate Year-to-Date ▼ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 110
	<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. John F. Barry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327877817721
Mailing Address One North Franklin		Amount of Each Receipt this Period 41.66
City State Zip Code Millis MA 60606-3436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.66 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Regional Executive	Aggregate Year-to-Date ▼ 874.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327942117721
Mailing Address 325 Seventh Street, NW 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	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation President	Aggregate Year-to-Date ▼ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. James Henderson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328094117721
Mailing Address One North Franklin Street		Amount of Each Receipt this Period 10.00
City State Zip Code Chicago IL 60606	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation VP, Corporate Counsel	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	91.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 110						
	(check only one)							
	<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

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) Ms. Barbara Lorschach Mailing Address 204 South 7th Avenue City State Zip Code La Grange IL 60525-6406 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328136917721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
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 ▼ 840.00		

B. Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City State Zip Code Chicago IL 60640-1318 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223817721 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)
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 ▼ 420.00		

C. Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224817721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
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 ▼ 840.00		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 110
	<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. James D. Bentley, Ph.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328224917721
Mailing Address 13106 Vingle Lane		Amount of Each Receipt this Period 40.00
City State Zip Code Silver Spring MD 20906	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	Aggregate Year-to-Date ▼ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Ronald O. Purcell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328241417721
Mailing Address 1093 N. Faldo Way		Amount of Each Receipt this Period 27.78
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	Aggregate Year-to-Date ▼ 361.14	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260917721
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00
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	Aggregate Year-to-Date ▼ 1680.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	147.78
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade Mailing Address 1221 Cavalier Road City State Zip Code Arnold MD 21012-2126 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310417721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
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 ▼ 840.00		

B. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen Mailing Address 1001 N. Potomac St. City State Zip Code Arlington VA 22205-1629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312717721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
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 ▼ 840.00		

C. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341817721 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 Bi-Weekly)
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 ▼ 840.00		

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 80 / 110
	<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. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511817721	
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 47.60	
City Yardley	State PA	Zip Code 19067-5736	P/R Deduction (\$47.60 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 723.60	

B. Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512017721	
Mailing Address 909 N. Madison St.		Amount of Each Receipt this Period 20.00	
City Arlington	State VA	Zip Code 22205-1655	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

C. Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329013417721	
Mailing Address AHA One North Franklin Street		Amount of Each Receipt this Period 20.00	
City Chicago	State IL	Zip Code 60606	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Director, Psychiatric and Substance Ab		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) ▶	87.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 110
	<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. Audrey L. Harris		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329654217721	
Mailing Address 1136 W. Farwel Unit 1W		Amount of Each Receipt this Period 10.00	
City Chicago	State IL	Zip Code 60626-3861	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director, ASDVS Aggregate Year-to-Date ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Ms. Tama Mattocks		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330273417721	
Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700		Amount of Each Receipt this Period 20.00	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Associate Director Aggregate Year-to-Date ▼ 420.00		

C. Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330343317721	
Mailing Address One North Franklin		Amount of Each Receipt this Period 10.00	
City Chicago	State IL	Zip Code 60606-3436	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Services Director Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 110
	<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. Paul N. Muraca		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475417721	
Mailing Address 4960 138th Circle West		Amount of Each Receipt this Period 40.00	
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 ▼ 840.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330534317721	
Mailing Address 6109 North 9th Road		Amount of Each Receipt this Period 20.00	
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 ▼ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Gene O'Dell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330547717721	
Mailing Address 530 North Lakeshore Drive Unit 2303		Amount of Each Receipt this Period 20.00	
City State Zip Code Chicago IL 60611-7424	FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Chicago	Occupation Vice President, Strategic Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 110		
	<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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330549217721	
Mailing Address One North Franklin		Amount of Each Receipt this Period 20.00	
City Chicago	State IL	Zip Code 60606-3436	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, Member Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	

B. Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330776117721	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 21.74	
City Washington	State DC	Zip Code 20004-2818	P/R Deduction (\$21.74 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer American Hospital Association-Washingt	
Occupation V.P., Advocacy & Member Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 391.32	

C. Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331304217721	
Mailing Address 2303 Burke Avenue		Amount of Each Receipt this Period 10.00	
City Alexandria	State VA	Zip Code 22301-1101	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer American Hospital Association-Washingt	
Occupation Dir., Advocacy & Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) ▶	51.74
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 110
	<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. Judy Weinsheimer		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR331386917721
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period _____ 10.00	
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 ▼ _____ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Alexander R. White, Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PO Box 15587		Transaction ID: PR331416017721
City State Zip Code Austin TX 78761-5587	Amount of Each Receipt this Period _____ 41.66	
FEC ID number of contributing federal political committee. C _____		
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 ▼ _____ 874.86	P/R Deduction (\$41.66 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mr. Donald May		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 521 Great Falls Street		Transaction ID: PR331533217721
City State Zip Code Falls Church VA 22046-2613	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 Vice President, Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 820.00	P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 91.66
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 110
	<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. Ms. Elizabeth Summy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR346168117721
Mailing Address One North Franklin		Amount of Each Receipt this Period 10.41
City State Zip Code Chicago IL 60606-3436	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.41 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASHRM	Aggregate Year-to-Date 218.61	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Ms. Kristin Welsh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR517619717721
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 20.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Sr. Associate Director	Aggregate Year-to-Date 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Ms. Rochelle M. Archuleta		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR801366317721
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 10.00
City State Zip Code Washington DC 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Dir. Policy Developme	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	40.41
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 110
	<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. Lisa Kidder		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR876637217721
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 10.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR936292317721
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 10.00
City Washington State DC Zip Code 20004-2818	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Director of Operations	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. David A. Strickland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR939603917721
Mailing Address One N. Franklin Street		Amount of Each Receipt this Period 10.00
City Chicago State IL Zip Code 60606	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer American Organization of Nurse Executi Occupation Director of Operations	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	80755.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 110
	(check only one)	
<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)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City Rensselaer State NY Zip Code 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

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

Transaction ID: 13164573

Amount of Each Receipt this Period
20000.00

SUBTOTAL of Receipts This Page (optional)	▶	20000.00
TOTAL This Period (last page this line number only)	▶	20000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)		Transaction ID: 13359678																					
A. Merchant Bankcard		Date of Disbursement																					
Mailing Address 1601 Elm Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	3	/	2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Dallas	TX	75201	80.00																				
Purpose of Disbursement Merchant Fee		001 Category/ Type	Merchant Fee																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: 13436191																					
B. Merchant Bankcard		Date of Disbursement																					
Mailing Address 1601 Elm Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	4	/	2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Dallas	TX	75201	138.40																				
Purpose of Disbursement Bank Fee		001 Category/ Type	Bank Fee																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: 13359682																					
C. American Express		Date of Disbursement																					
Mailing Address Ste. 001		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	6	/	2	0	0	6														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Chicago	IL	60679	7.75																				
Purpose of Disbursement Merchant Fee		001 Category/ Type	Merchant Fee																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	226.15
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 13359683	
Mailing Address Ste. 001		Date of Disbursement 10 / 16 / 2006	
City Chicago	State IL	Zip Code 60679	Amount of Each Disbursement this Period 15.50
Purpose of Disbursement Merchant Fee		001 Category/ Type	
Candidate Name		Merchant Fee	
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. Citibank, F.S.B.		Transaction ID: 13359684	
Mailing Address 1400 G Street, NW		Date of Disbursement 10 / 18 / 2006	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 124.42
Purpose of Disbursement Bank Fee		001 Category/ Type	
Candidate Name		Bank Fee	
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:			

SUBTOTAL of Disbursements This Page (optional) ►

139.92

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

366.07

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Loretta Sanchez		Transaction ID: 13220960 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1212 S Victory Bl Suite 211		Amount of Each Disbursement this Period 1500.00
City Burbank State CA Zip Code 91502	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Loretta Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47		Disbursement For: 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. Ellen Tauscher For Congress		Transaction ID: 13221025 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 20 Park Road, Suite E Suite E		Amount of Each Disbursement this Period 1500.00
City Burlingame State CA Zip Code 94010	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Ellen O. Tauscher Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10		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. Friends Of John Peterson		Transaction ID: 13221091 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 114 W. State Street PO Box 295		Amount of Each Disbursement this Period 3000.00
City Pleasantville State PA Zip Code 16341	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John E. Peterson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5		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) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Richard Pombo For Congress		Transaction ID: 13221039 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 2150 River Plaza Dr. #150 Suite 1560		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95833	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Richard W. Pombo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11		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. Woolsey For Congress		Transaction ID: 13221043 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 750176		Amount of Each Disbursement this Period 1000.00
City Petaluma State CA Zip Code 94975	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Lynn C. Woolsey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6		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. Weldon Victory Committee		Transaction ID: 13221078 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P. O. Box 1992		Amount of Each Disbursement this Period 4500.00
City Media State PA Zip Code 19063	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Curt Weldon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7		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) ▶	6500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Bill Shuster For Congress		Transaction ID: 13221086 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 27		Amount of Each Disbursement this Period 1000.00
City Hollidaysburg State PA Zip Code 16648	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. William Franklin Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA 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) B. Friends Of Joe Pitts		Transaction ID: 13221089 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 775		Amount of Each Disbursement this Period 2000.00
City Unionville State PA Zip Code 19375	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Adam Smith For Congress Committee		Transaction ID: 13221118 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 23626		Amount of Each Disbursement this Period 1000.00
City Federal Way State WA Zip Code 98093	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Adam Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 9		
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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Murtha For Congress Committee		Transaction ID: 13221094 Date of Disbursement 10 / 03 / 2006
Mailing Address Suite 220 551 Main Street Bt Financial Plaza Suite 220		Amount of Each Disbursement this Period 4000.00 Contribution
City Johnstown State PA Zip Code 15901	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. John P. Murtha	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: 12		

Full Name (Last, First, Middle Initial) B. Bob Brady For Congress		Transaction ID: 13221103 Date of Disbursement 10 / 03 / 2006
Mailing Address 2000 Market Street Suite 500		Amount of Each Disbursement this Period 3000.00 Contribution
City Philadelphia State PA Zip Code 19103	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. Robert A. Brady	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: 1		

Full Name (Last, First, Middle Initial) C. Friends of Jim Clyburn		Transaction ID: 13221106 Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 12567		Amount of Each Disbursement this Period 2000.00 Contribution
City Columbia State SC Zip Code 29211	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Rep. James E. Clyburn	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: 6		

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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 Bud Cramer		Transaction ID: 13221110 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 2621		Amount of Each Disbursement this Period 2500.00 Contribution
City Huntsville State AL Zip Code 35804	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Robert E. Cramer, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL 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. People With Hart Inc		Transaction ID: 13221100 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 3000.00 Contribution
City Wexford State PA Zip Code 15090	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Melissa A. Hart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kind For Congress Committee		Transaction ID: 13221114 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 205 South 5th Ave Suite 428		Amount of Each Disbursement this Period 1000.00 Contribution
City La Crosse State WI Zip Code 54601	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Ron Kind		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI 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) ▶	(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)

PAGE 96 / 110

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Lofgren For Congress		Transaction ID: 13221048 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 720008		Amount of Each Disbursement this Period 1000.00 Contribution	
City San Jose State CA Zip Code 95172	Purpose of Disbursement Contribution Candidate Name Rep. Zoe Lofgren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Zoe Lofgren			

Full Name (Last, First, Middle Initial) B. Friends Of Congressman George Miller		Transaction ID: 13221022 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 5864		Amount of Each Disbursement this Period 1000.00 Contribution	
City Concord State CA Zip Code 94524	Purpose of Disbursement Contribution Candidate Name Rep. George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. George Miller			

Full Name (Last, First, Middle Initial) C. Pennsylvanians For Kanjorski		Transaction ID: 13221098 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 103 South Hanover Street		Amount of Each Disbursement this Period 1000.00 Contribution	
City Nanticoke State PA Zip Code 18634	Purpose of Disbursement Contribution Candidate Name Rep. Paul E. Kanjorski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Paul E. Kanjorski			

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)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Tom Lantos For Congress Committee		Transaction ID: 13221052 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City San Carlos State CA Zip Code 94070	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Tom Lantos	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. DAKPAC		Transaction ID: 13220973 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 607 14th St., NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	2006 Contribution	
Purpose of Disbursement 2006 Contribution		011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Robert Aderholt For Congress		Transaction ID: 13221112 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P. O. Box 1158 940 Hwy 13		Amount of Each Disbursement this Period 2500.00
City Haleyville State AL Zip Code 35565	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Robert B. Aderholt	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL 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) ▶	8500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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. Mike Honda For Congress		Transaction ID: 13221045 Date of Disbursement 10 / 03 / 2006
Mailing Address 50 W. San Fernando St. Ste. 350		Amount of Each Disbursement this Period 1000.00 Contribution
City San Jose State CA Zip Code 95113	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael M. Honda		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carnahan In Congress		Transaction ID: 13221107 Date of Disbursement 10 / 03 / 2006
Mailing Address 7370 Manchester Rd Ste 20		Amount of Each Disbursement this Period 2500.00 Contribution
City St. Louis State MO Zip Code 63143	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Russ Carnahan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campbell For Congress		Transaction ID: 13220958 Date of Disbursement 10 / 03 / 2006
Mailing Address 4590 Macarthur Blvd. Suite 500		Amount of Each Disbursement this Period 1000.00 Contribution
City Irvine State CA Zip Code 92660	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. John Campbell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Storm Chasers PAC		Transaction ID: 13221016 Date of Disbursement 10 / 03 / 2006
Mailing Address PO Box 237		Amount of Each Disbursement this Period 1000.00
City Monticello	State IN Zip Code 47960	
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:		Category/Type 011

Full Name (Last, First, Middle Initial) B. Committ To Elect Hank Johnson		Transaction ID: 13221055 Date of Disbursement 10 / 03 / 2006
Mailing Address 5240 Snapfinger Park Dr Ste 140		Amount of Each Disbursement this Period 2500.00
City Decatur	State GA Zip Code 30035	
Purpose of Disbursement Contribution		Contribution
Candidate Name Hank Johnson		
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: GA District: 4		Category/Type 011

Full Name (Last, First, Middle Initial) C. Sherman For Congress		Transaction ID: 13232851 Date of Disbursement 10 / 05 / 2006
Mailing Address 555 South Flower Street Suite 4510		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA Zip Code 90071	
Purpose of Disbursement Contribution		Contribution
Candidate Name Rep. Brad Sherman		
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: CA District: 27		Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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. Republican Majority Fund		Transaction ID: 13232843 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 1550		Amount of Each Disbursement this Period 3000.00
City Ponca City	State OK	
Zip Code 74602	Purpose of Disbursement 2006 Contribution	2006 Contribution
Candidate Name _____	Category/ Type 011	
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. McNulty For Congress		Transaction ID: 13232848 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 1560		Amount of Each Disbursement this Period 2000.00
City Green Island	State NY	
Zip Code 12183	Purpose of Disbursement Contribution	Contribution
Candidate Name Rep. Michael R. McNulty	Category/ Type 011	
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: 21		

Full Name (Last, First, Middle Initial) C. Berman For Congress		Transaction ID: 13232850 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Contribution	Contribution
Candidate Name Rep. Howard L. Berman	Category/ Type 011	
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: CA District: 28		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Crowley For Congress		Transaction ID: 13232846 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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) B. Louie Gohmert For Congress Committee		Transaction ID: 13232845 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address PO Box 8060		Amount of Each Disbursement this Period 250.00
City Tyler State TX Zip Code 75711	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Louie Gohmert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX 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. Searchlight Leadership Fund		Transaction ID: 13232860 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20009	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) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Diana Degette For Congress Inc.		Transaction ID: 13232863 Date of Disbursement 10 / 12 / 2006	
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 2000.00	
City Denver State CO Zip Code 80206	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Diana DeGette	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO 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. Candice Miller For Congress		Transaction ID: 13232866 Date of Disbursement 10 / 12 / 2006	
Mailing Address PO Box 182152		Amount of Each Disbursement this Period 500.00	
City Shelby Township State MI Zip Code 48318	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Candidate Name Rep. Candice S. Miller	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10			

Full Name (Last, First, Middle Initial) C. John Salazar For Congress		Transaction ID: 13232865 Date of Disbursement 10 / 12 / 2006	
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 2000.00	
City Pueblo State CO Zip Code 81002	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Candidate Name Rep. John T. Salazar	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Zach Wamp		Transaction ID: 13305276 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200		Amount of Each Disbursement this Period 2000.00
City Chattanooga State TN Zip Code 37422	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Zach Wamp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 3		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. Committee To Re-Elect Nydia M. Velazquez To Congre		Transaction ID: 13305287 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1000.00
City Gaithersburg State MD Zip Code 20878	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Nydia M. Velazquez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12		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. Moran For Kansas		Transaction ID: 13305286 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 2000.00
City Hays State KS Zip Code 67601	Contribution	
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) ▼
Category/Type 011		

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

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

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

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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. Moore For Congress		Transaction ID: 13305285 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 2000.00 Contribution
City Shawnee Mission State KS Zip Code 66285	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Berkley For Congress		Transaction ID: 13302857 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 2000.00 Contribution
City Las Vegas State NV Zip Code 89121	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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. Moran For Congress		Transaction ID: 13305270 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 311 North Washington Street Suite 200I		Amount of Each Disbursement this Period 2000.00 Contribution
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. James P. Moran		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Nadler For Congress		Transaction ID: 13305288 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10014	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jerrold L. Nadler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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. PAC to the Future		Transaction ID: 13302856 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 268 Bush Street PMB 3230		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94104	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) ▼		

Full Name (Last, First, Middle Initial) C. Cooper For Congress Committee		Transaction ID: 13305275 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 927		Amount of Each Disbursement this Period 2000.00
City Brentwood State TN Zip Code 37024	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 5		
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) ▶

**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. Marsha Blackburn For Congress Inc.		Transaction ID: 13305273 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 1000.00	
City Franklin State TN Zip Code 37068	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. Marsha Blackburn	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Perlmutter For Congress		Transaction ID: 13305289 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 5000.00	
City Wheat Ridge State CO Zip Code 80033	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Candidate Name Mr. Edwin Perlmutter	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 7			

Full Name (Last, First, Middle Initial) C. Steve Cohen For Congress		Transaction ID: 13305277 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 349 Kenilworth		Amount of Each Disbursement this Period 2000.00	
City Memphis State TN Zip Code 38112	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Candidate Name Mr. Steve Cohen	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 9			

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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. Bill Nelson For U S Senate		Transaction ID: 13302574 Date of Disbursement 10 / 17 / 2006	
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 5000.00	
City Satelite Beach	State FL	Zip Code 32937	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Sen. Bill Nelson			
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: FL District: 1			

Full Name (Last, First, Middle Initial) B. Jo Bonner For Congress Committee		Transaction ID: 13302583 Date of Disbursement 10 / 17 / 2006	
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 2500.00	
City Mobile	State AL	Zip Code 36685	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Jo Bonner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 1			

Full Name (Last, First, Middle Initial) C. Dirigo PAC		Transaction ID: 13302545 Date of Disbursement 10 / 17 / 2006	
Mailing Address P.O. Box 1355		Amount of Each Disbursement this Period 2500.00	
City Alexandria	State VA	Zip Code 22313	2006 Contribution
Purpose of Disbursement 2006 Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

Use separate schedule(s) 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. Pallone For Congress		Transaction ID: 13333130 Date of Disbursement 10 / 18 / 2006
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00 Contribution
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Contribution Category/Type: 011	
Candidate Name Rep. Frank Pallone, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ 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. Graves For Congress		Transaction ID: 13334261 Date of Disbursement 10 / 18 / 2006
Mailing Address 2345 Grand Suite 2400		Amount of Each Disbursement this Period 2000.00 Contribution
City Kansas City State MO Zip Code 64108	Purpose of Disbursement Contribution Category/Type: 011	
Candidate Name Rep. Samuel B. Graves, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO 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) C. Friends Of Lois Capps		Transaction ID: 13336698 Date of Disbursement 10 / 18 / 2006
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00 Contribution
City Santa Barbara State CA Zip Code 93121	Purpose of Disbursement Contribution Category/Type: 011	
Candidate Name Rep. Lois Capps	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(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. Alan Mollohan For Congress Committee		Transaction ID: 13333834 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address P. O. Box 1343		Amount of Each Disbursement this Period 2000.00	
City Fairmont State WV Zip Code 26555	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Rep. Alan B. Mollohan	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 1	Contribution		

Full Name (Last, First, Middle Initial) B. Hooley For Congress		Transaction ID: 13336296 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 2000.00	
City Salem State OR Zip Code 97308	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Rep. Darlene Hooley	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	Contribution		

Full Name (Last, First, Middle Initial) C. Charles Boustany Jr Md For Congress Inc		Transaction ID: 13334538 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address Post Office Box 80126		Amount of Each Disbursement this Period 2000.00	
City Lafayette State LA Zip Code 70598	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Rep. Charles W. Boustany, Jr.	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 7	Contribution		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Bobby Jindal		Transaction ID: 13334946 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2000.00
City Metairie State LA Zip Code 70011	Category/Type 011	
Purpose of Disbursement Contribution Candidate Name Rep. Bobby Jindal		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA 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) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	116750.00