

**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
 Washington DC 20004
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00106146

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 06 01 2003 through 06 30 2003

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 Mr. Alfred Jackson, III

Signature of Treasurer Electronically Filed by Mr. Alfred Jackson, III Date 07 16 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From: ^H06 ^{: :}01 ^{Y (Y)}2003 To: ^H06 ^{: :}30 ^{Y (Y)}2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2003		413385.15
(b) Cash on Hand at Beginning of Reporting Period	261776.14	
(c) Total Receipts (from Line 19)	76020.53	308576.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	337796.67	721961.97
7. Total Disbursements (from Line 31)	80563.73	464729.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	257232.94	257232.94
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: ^M06 ⁻01 ⁻2003 To: ^M06 ⁻30 ⁻2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13431.66	
(ii) Unitemized	22798.08	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	36229.74	166692.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36229.74	166692.53
12. Transfers From Affiliated/Other Party Committees	39250.00	140137.50
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	540.79	1746.79
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))	76020.53	308576.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76020.53	308576.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	78.73	2204.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	78.73	2204.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60485.00	461735.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	790.00
(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	790.00
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 ActMty (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))..	60563.73	464729.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	60563.73	464729.03

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	36229.74	166692.53
34. Total Contribution Refunds (from Line 28(d))	0.00	790.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36229.74	165902.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	78.73	2204.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	78.73	2204.03

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Kenneth G. Stela, FACHE		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 4871 Bedford Court		Transaction ID: 8304116
City Carmel	State IN	Zip Code 46033-4647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Indiana Hospital & Health Association	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Paul Cardwell		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 328 N. West St.		Transaction ID: 8302424
City Tipton	State IN	Zip Code 46072-1327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer White County Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Pamela Lawrence		Date of Receipt M / D / Y 06 / 04 / 2003
Mailing Address 33 Outlook Road		Transaction ID: 8300034
City Swampscott	State MA	Zip Code 01507-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer North Shore Medical Center	Occupation Senior Vice President	
Receipt For: Primary General 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 7 / 58	
	(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. James M. Anderson		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 9805 Shawnee Run Road		Transaction ID: 8359961
City Cincinnati	State OH	Zip Code 45243-2831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Children's Hospital Medical Center	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Melvin R. Cressley		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 2523 St. Clair Avenue		Transaction ID: 8359963
City East Liverpool	State OH	Zip Code 43920-1448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Liverpool City Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Paul D. Heas, Jr.		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 5925 Olentangy Blvd.		Transaction ID: 8359965
City Worthington	State OH	Zip Code 43085-5828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio Hospital Association	Occupation Vice President, Member Services	
Receipt For: Primary General 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 8 / 58	
	(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"/>	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John E. Callender		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 2743 Elginfield Road		Transaction ID: 8304273
City Columbus	State OH	Zip Code 43220-4247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio Hospital Association	Occupation Sr. Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Edward J. Quinlan		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 20 River Run		Transaction ID: 8303760
City East Greenwich	State RI	Zip Code 02818-1502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hospital Association of Rhode Island	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. John A. Gorman		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 1887 Tomahawk Trace		Transaction ID: 8359964
City Fremont	State OH	Zip Code 43420-9123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General 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 9 / 58	
	(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 E. White		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 5505 Timberlake Court		Transaction ID: 8309982
City Evansville	State IN	Zip Code 47710-4134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Deaconess Hospital, Inc.	Occupation Senior Vice President & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederic Vanbasteleer, M.D.		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 35 South 8th Street		Transaction ID: 8309947
City Richmond	State IN	Zip Code 47374-5441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Reid Hospital and Health Care Services	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Daerl Taylor		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 4877 Woods Edge Drive		Transaction ID: 8309919
City Zionsville	State IN	Zip Code 46077-9659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Vincent Indianapolis Hospital	Occupation Chief Strategy Officer & Sr. VP	
Receipt For: Primary General 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 10 / 58	
	(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. Jane Langeloh		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 880 West Park Street		Transaction ID: 8309654
City Columbia City	State IN	Zip Code 46225-1610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parkview Whitely Hospital	Occupation Board of Directors	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Douglas W. Eberle		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 807 Central Avenue		Transaction ID: 8309454
City Lafayette	State IN	Zip Code 47905-1867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Lafayette Health Service	Occupation Executive Vice President & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Gregory W. Lintjer		Date of Receipt M / D / Y 06 / 06 / 2003
Mailing Address 53308 Monticola Lane		Transaction ID: 8309668
City Bristol	State IN	Zip Code 46507-9692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Elkhart General Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Dennis W. Dawes, FACHE		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2003
Mailing Address 1000 E. Main Street		Transaction ID: 8309422
City State Zip Code Danville IN 46122-1891	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Hendricks Regional Health	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Charles H. Mason, Jr.		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2003
Mailing Address 8402 Cherry Hill Parkway		Transaction ID: 8309689
City State Zip Code Fort Wayne IN 46825-9637	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Parkview Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas H. Kramer		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2003
Mailing Address 718 North Woods Street		Transaction ID: 8309648
City State Zip Code Evansville IN 47720-8101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Deaconess Hospital, Inc.	Occupation Chief Executive Officer	
Receipt For: Primary General 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 12 / 58	
	<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. Joseph Francis, Jr., M.D.		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2003
Mailing Address 5772 Central Avenue		Transaction ID: 8309499
City Indianapolis	State IN	Zip Code 46220-2508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Vincent Indianapolis Hospital	Occupation Vice President Quality	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert S. Curtis		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2003
Mailing Address 5505 W. Pineridge Road		Transaction ID: 8309411
City Muncie	State IN	Zip Code 47304-3422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardinal Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jon D. Rahman, M.D.		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2003
Mailing Address 8881 Jaffa Ct. East Drive		Transaction ID: 8309806
City Indianapolis	State IN	Zip Code 46280-5358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Vincent Indianapolis Hospital	Occupation Vice President	
Receipt For: Primary General 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 13 / 58	
	(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. Audrey D. Meyers, MBA		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 251 Highland Avenue		Transaction ID: 8346052
City Ridgewood	State NJ	Zip Code 07450-4003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Valley Hospital	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Valerie S. Kantrowitz		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 205 Daval Road		Transaction ID: 8346027
City Hillsborough	State NJ	Zip Code 08844-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer New Jersey Hospital Association	Occupation Senior V.P., Health Planning & Research	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Ms. Valerie S. Kantrowitz		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 205 Daval Road		Transaction ID: 8346028
City Hillsborough	State NJ	Zip Code 08844-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer New Jersey Hospital Association	Occupation Senior V.P., Health Planning & Research	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	▶	510.00
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 14 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael J. Sniffen		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 340 1/2 Garden Street		Transaction ID: 8346096
City Hoboken	State NJ	Zip Code 07030-3802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bon Secours & Canterbury Partnership	Occupation Interim President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Donna R. Pizulli		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 156 Colts Neck Road		Transaction ID: 8346074
City Freehold	State NJ	Zip Code 07728-9001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer New Jersey Hospital Association	Occupation Vice President, Information Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Ms. Donna R. Pizulli		Date of Receipt M / D / Y 06 / 18 / 2003
Mailing Address 156 Colts Neck Road		Transaction ID: 8346075
City Freehold	State NJ	Zip Code 07728-9001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer New Jersey Hospital Association	Occupation Vice President, Information Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)	▶	280.00
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 15 / 58	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John W. Richmond, FACHE		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 5858 Highway 138		Transaction ID: 8358556
City Albany	State MO	Zip Code 64402-1489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwest Medical Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. William D. Palasnick		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 10538 N Ironwood Circle		Transaction ID: 8358177
City Mequon	State WI	Zip Code 53092-5869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Froedtert Memorial Lutheran Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Kim Strett		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 1317 Eastin Avenue		Transaction ID: 8358531
City Orlando	State FL	Zip Code 32804-6309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Florida Hospital Association - Orlando	Occupation VP, Health Research & Information	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 16 / 58	
	<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. Karen Late		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 444 North Capitol Street, NW Suite 837		Transaction ID: 8358530
City Washington	State DC	Zip Code 20001-1512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Florida Hospital Association - Tallahassee	Occupation Director, Federal Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Mr. Gerald M. Warwick		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 323 South 18th Avenue		Transaction ID: 8367775
City Sturgeon Bay	State WI	Zip Code 54235-1495
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Door County Memorial Hospital	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Kathy Reno, RN		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 51 Stapplochase Road		Transaction ID: 8357583
City Barrington	State IL	Zip Code 60010-2633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Community Healthcare	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 58	
	(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. Alan G. MacDonald		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 92 Bacon Street		Transaction ID: 8367759
City Winchester	State MA	Zip Code 01890-2638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hallmark Health System	Occupation Chairman of the Trustees	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ronald J. Epps, DVM		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address Vet Tech, McLennan Community College 1400 College Drive		Transaction ID: 8367575
City Waco	State TX	Zip Code 76708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harris Methodist-HEB	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Dwight L. Fine		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 12675 Riviera Heights Road		Transaction ID: 8367718
City Holts Summit	State MO	Zip Code 65043-2039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.12
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

SUBTOTAL of Receipts This Page (optional)	611.12
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 / 58	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Marlene Krein		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 133 Acon Ridge		Transaction ID: 8357591
City Devils Lake	State ND	Zip Code 58301-8520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mercy Hospital	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Joseph E. Morris, III		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address East 5151 French Gulch		Transaction ID: 8367750
City Coeur D Alene	State ID	Zip Code 83814-7559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kootenai Medical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Marc D. Smith		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 5812 Tanner Bridge Road		Transaction ID: 8367731
City Jefferson City	State MO	Zip Code 65101-8275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.12
Name of Employer Missouri Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

SUBTOTAL of Receipts This Page (optional)	▶	1361.12
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 10 / 58	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. Paul Dougherty, FACHE		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 12720 Park Hill Road		Transaction ID: 8388916
City	State	Zip Code
Oklahoma City	OK	73142-3132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Deaconess Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. David E. Moran, Dr. P.H., FACHE		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 4000 Lincoln Blvd.		Transaction ID: 8388922
City	State	Zip Code
Oklahoma City	OK	73105-5207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Maha Sultan, M.D.		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 319 East Josephine		Transaction ID: 8388883
City	State	Zip Code
Frederick	OK	73542-2220
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 Administrator	
Receipt For: Primary General 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 20 / 58	
	(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. Alex R. White, Jr.		Date of Receipt M / D / Y
Mailing Address PD Box 15587		Transaction ID: PR331416010640
City	State Zip Code	
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		38.48
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) B. Mr. Curtis D. Rooney		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR330847410640
City	State Zip Code	
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		40.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Dr. Donald Nelson, MD		Date of Receipt M / D / Y
Mailing Address 195 Oxford Court		Transaction ID: PR330524810640
City	State Zip Code	
Alamo	CA 94507-1753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		84.00
Name of Employer American Hospital Association-Chicago	Occupation Senior Vice President	P/R Deduction (\$42.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

SUBTOTAL of Receipts This Page (optional)	▶	162.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 58	
	<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. Kristen D. Morris		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR330450310640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Washingat	Occupation Vice President	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Mr. Paul N. Maraca		Date of Receipt M / D / Y
Mailing Address 255D University Avenue West Suite 350-S		Transaction ID: PR330475410640
City Saint Paul	State MN	Zip Code 55114-1052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 518.47	

Full Name (Last, First, Middle Initial) C. Mr. Robert K. Kirk		Date of Receipt M / D / Y
Mailing Address 1215 K Street Suite 800		Transaction ID: PR329988010640
City Sacramento	State CA	Zip Code 95814-3545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.48
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$22.73 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.57	

SUBTOTAL of Receipts This Page (optional)	▶	205.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 58	
	<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. Tara Matlocks		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700		Transaction ID: PR330273410640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) B. Ms. Barbara Jackier		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR329825810640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Director of Operations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. W. Thomas Dewees		Date of Receipt M / D / Y
Mailing Address 500 Interstate Boulevard South		Transaction ID: PR329215710640
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$42.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	162.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 58	
	<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. Anne E. Uhl		Date of Receipt M / D / Y
Mailing Address 801 Pennsylvania Ave, NW #245		Transaction ID: PR328767010640
City Washington	State DC	Zip Code 20004-2815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Ms. Henrietta S. Fialak		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328527310640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Education	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Ms. Carla L. Luggiero		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328490110640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.74
Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director	P/R Deduction (\$10.87 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 358.70	

SUBTOTAL of Receipts This Page (optional)	▶	141.74
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 24 / 58	
	<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. Richard H. Wade		Date of Receipt M / D / Y
Mailing Address 1221 Cavalier Road		Transaction ID: PR328310410640
City	State	Zip Code
Arnold	MD	21012-2126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President, Communications	P/R Deduction (\$42.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) B. Ms. Carolyn Forina		Date of Receipt M / D / Y
Mailing Address 200 Clover Hill Court		Transaction ID: PR328511810640
City	State	Zip Code
Yardley	PA	19067-5736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard J. Polsek		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328260910640
City	State	Zip Code
Washington	DC	20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 153.86
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President	P/R Deduction (\$76.93 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1062.09	

SUBTOTAL of Receipts This Page (optional)	277.86
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 58	
	<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. James D. Bentley, Ph.D.		Date of Receipt M / D / Y
Mailing Address 131 D6 Vingle Lane		Transaction ID: PR328224910640
City Silver Spring	State MD	Zip Code 20906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer American Hospital Association-Washingt	Occupation Sr. Vice President	P/R Deduction (\$21.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) B. Ms. Dana J. Melkonian		Date of Receipt M / D / Y
Mailing Address 5545 N. Wayne		Transaction ID: PR328223810640
City Chicago	State IL	Zip Code 60640-1318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.68
Name of Employer American Hospital Association-Chicago	Occupation Vice President	P/R Deduction (\$20.84 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

Full Name (Last, First, Middle Initial) C. Mr. Galbreth L. Simpson		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328224810640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Regional Executive	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	123.68
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 58	
	<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. Stephen M. Ahnen		Date of Receipt M / D / Y
Mailing Address 1001 N. Potomac St.		Transaction ID: PR328312710640
City Arlington	State VA	Zip Code 22205-1629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) B. Mr. Richard J. Davidson		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR327942110640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 88.00
Name of Employer American Hospital Association-Washingt	Occupation President	P/R Deduction (\$44.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Ms. Lori M. Schor		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR328341810640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

SUBTOTAL of Receipts This Page (optional)	▶	164.96
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 / 58	
	<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. Barbara Hames Lorschach		Date of Receipt M / D / Y
Mailing Address One North Franklin		
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Transaction ID: PR328136910640
		Amount of Each Receipt this Period 100.00
Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice President, Member Relations	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. Ronald O. Purcell		Date of Receipt M / D / Y
Mailing Address 1093 N. Faldo Way		
City Eagle	State ID	Zip Code 83616-5369
FEC ID number of contributing federal political committee. C		Transaction ID: PR328241410640
		Amount of Each Receipt this Period 43.48
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$21.74 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 217.40	

Full Name (Last, First, Middle Initial) C. Mr. George F. Bergstrom		Date of Receipt M / D / Y
Mailing Address 6820 N. Laron Ave.		
City Chicago	State IL	Zip Code 60648-2710
FEC ID number of contributing federal political committee. C		Transaction ID: PR327895710640
		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Chicago	Occupation Vice President	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

SUBTOTAL of Receipts This Page (optional)	181.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 58	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John F. Bury		Date of Receipt M / D / Y
Mailing Address 5 New England Executive Park		Transaction ID: PR327877810640
City Burlington	State MA	Zip Code 01803-5096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.68
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	P/R Deduction (\$20.84 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

Full Name (Last, First, Middle Initial) B. Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR327812010640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Organization of Nurse Execut	Occupation Executive Director	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) C. Mr. Lindsay Mae Robinson		Date of Receipt M / D / Y
Mailing Address 107 East Lane		Transaction ID: PR327727310640
City Lake Barrington	State IL	Zip Code 60010-1539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Chicago	Occupation Vice President, PMGs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	120.16
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 58	
	<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. Deborah F. Weiner		Date of Receipt M / D / Y
Mailing Address 11004 Petersborough		Transaction ID: PR327745910640
City Rockville	State MD	Zip Code 20852-3249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Washingt	Occupation Director, Grassroots Advocacy	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) B. Mr. Neil J. Jesuale		Date of Receipt M / D / Y
Mailing Address 1003 Kimberly Place		Transaction ID: PR327801710640
City Great Falls	State VA	Zip Code 22066-1546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Donald May		Date of Receipt M / D / Y
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR331533210640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.68
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Policy	P/R Deduction (\$20.84 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

SUBTOTAL of Receipts This Page (optional)	▶	120.16
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 / 58	
	<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. Maha Sultan, M.D.		Date of Receipt M / D / Y 06 / 30 / 2008
Mailing Address 319 East Josephine		Transaction ID: 8384944
City Frederick	State OK	Zip Code 73542-2220
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 Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Kristin Welsh		Date of Receipt M / D / Y 06 / 06 / 2008
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR517610710640
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Association-Washingt	Occupation Sr. Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Ms. Ashley B. Thompson		Date of Receipt M / D / Y 06 / 06 / 2008
Mailing Address 606 South Royal Street		Transaction ID: PR768023710640
City Alexandria	State VA	Zip Code 22314-4142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.48
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director, Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.12	P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	328.48
TOTAL This Period (last page this line number only)	▶	13431.66

**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 / 58	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. New York Hospital & Healthcare Assoc. FED PAC		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address One Empire Drive		Transaction ID: 8304272
City Rensselaer	State NY	Zip Code 12144
FEC ID number of contributing federal political committee. C C00160259		Amount of Each Receipt this Period 10000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name (Last, First, Middle Initial) B. Louisiana Hospital Association PAC (HO3PPAC)		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 9521 Brookline Avenue		Transaction ID: 8385554
City Baton Rouge	State LA	Zip Code 70809-1431
FEC ID number of contributing federal political committee. C C00380394		Amount of Each Receipt this Period 4250.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9212.50	

Full Name (Last, First, Middle Initial) C. Health Alliance of PA PAC - Federal		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address Post Office Box 8800		Transaction ID: B412483
City Harrisburg	State PA	Zip Code 17105-8800
FEC ID number of contributing federal political committee. C C00128082		Amount of Each Receipt this Period 25000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 55000.00	

SUBTOTAL of Receipts This Page (optional)	▶	39250.00
TOTAL This Period (last page this line number only)	▶	39250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 58	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. MacWilliams, Robinson & Partners Inc.		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 188D L Street, NW		Transaction ID: 8469480
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 364.90
Name of Employer	Occupation	Refund of Indep. Expend-S-ee 12/05/02 Report
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 517.65	

Full Name (Last, First, Middle Initial) B. Citibank, F.S.B.		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 140D G Street, NW		Transaction ID: 8424184
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.89
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1229.14	

SUBTOTAL of Receipts This Page (optional)	▶	540.79
TOTAL This Period (last page this line number only)	▶	540.79

**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 33 / 58
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Merchant Bankcard		Transaction ID: B424270 Date of Disbursement 06 / 04 / 2003	
Mailing Address 1601 Elm Street		Amount of Each Disbursement this Period 45.95	
City Dallas	State TX	Zip Code 75201	001 Category/ Type
Purpose of Disbursement Service Charge		Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Service Charge
State: District D			

Full Name (Last, First, Middle Initial) B. Citibank, F.S.B.		Transaction ID: B424385 Date of Disbursement 06 / 18 / 2003	
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 22.78	
City Washington	State DC	Zip Code 20005	001 Category/ Type
Purpose of Disbursement Service Charge		Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Service Charge
State: District D			

Full Name (Last, First, Middle Initial) C. Citibank, F.S.B.		Transaction ID: 8424456 Date of Disbursement 06 / 30 / 2003	
Mailing Address 1400 G Street, NW		Amount of Each Disbursement this Period 10.00	
City Washington	State DC	Zip Code 20005	001 Category/ Type
Purpose of Disbursement Service Charge		Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Service Charge
State: District D			

SUBTOTAL of Disbursements This Page (optional)	▶	78.73
TOTAL This Period (last page this line number only)	▶	78.73

**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 34 / 58	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Steve Israel for Congress Committee		Transaction ID: B304068 Date of Disbursement 06 / 03 / 2003	
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 1000.00	
City Dix Hills	State NY	Zip Code 11746	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Steve Israel			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District 2			

Full Name (Last, First, Middle Initial) B. AHA-American Hospital Association-Washington DC		Transaction ID: B469330 Date of Disbursement 06 / 03 / 2003	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Disbursement this Period 185.00	
City Washington	State DC	Zip Code 20004	In-Kind Catering
Purpose of Disbursement In-Kind Catering		011 Category/ Type	
Candidate Name Sen. Jim Bunning			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY District 1			

Full Name (Last, First, Middle Initial) C. Kirk For Congress, Inc.		Transaction ID: 8365892 Date of Disbursement 06 / 06 / 2003	
Mailing Address 1910 Waukegan Road		Amount of Each Disbursement this Period 1000.00	
City Glenview	State IL	Zip Code 60025	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Mark Kirk			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL District 10			

SUBTOTAL of Disbursements This Page (optional)	▶	2185.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) John Lewis for Congress Committee			Transaction ID: B385922 Date of Disbursement 06 / 06 / 2003		
Mailing Address P.O. Box 1491			Amount of Each Disbursement this Period 1000.00 Contribution		
City Atlanta	State GA	Zip Code 30301			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Rep. John Lewis					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District 5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

B. Full Name (Last, First, Middle Initial) Cummings for Congress			Transaction ID: B385880 Date of Disbursement 06 / 06 / 2003		
Mailing Address P.O. Box 1631			Amount of Each Disbursement this Period 1000.00 Contribution		
City Baltimore	State MD	Zip Code 20313			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Rep. Elijah Cummings					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MD District 7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

C. Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro			Transaction ID: B385891 Date of Disbursement 06 / 06 / 2003		
Mailing Address 501 Capitol Court, NE, Suite 200			Amount of Each Disbursement this Period 1000.00 Contribution		
City Washington	State DC	Zip Code 20002			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Rep. Rosa L. DeLauro					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Michaud For Congress		Transaction ID: B385945 Date of Disbursement 06 / 06 / 2003	
Mailing Address Pmb 198 11 Bangor Mall Blvd Suite D		Amount of Each Disbursement this Period 1000.00	
City Bangor	State ME	Zip Code 04401	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Michael Michaud			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ME District 2			

Full Name (Last, First, Middle Initial) B. Pomeroy for Congress		Transaction ID: B347297 Date of Disbursement 06 / 10 / 2003	
Mailing Address 304 North 4th Street		Amount of Each Disbursement this Period 1000.00	
City Bismarck	State ND	Zip Code 58501	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Earl Pomeroy			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND District 1			

Full Name (Last, First, Middle Initial) C. Whitfield for Congress		Transaction ID: B347307 Date of Disbursement 06 / 10 / 2003	
Mailing Address 4849 Connecticut Avenue, NW, #721		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20008	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Edward Whitfield			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Max Sandlin For Congress		Transaction ID: B347298 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO Box 1281			
City Marshall	State TX	Zip Code 75670	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Max Sandlin			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX	District: 1		

Full Name (Last, First, Middle Initial) B. Volunteers for Shimkus		Transaction ID: B347302 Date of Disbursement 06 / 10 / 2003	
Mailing Address 1025 South Second St			
City Springfield	State IL	Zip Code 62704	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. John M. Shimkus			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 18		

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: B344854 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO Box 581			
City Brighton	State MI	Zip Code 48168	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Mike Rogers			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI	District: 8		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 38 / 58
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Rogers for Congress		Transaction ID: B344866 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO Box 581		Amount of Each Disbursement this Period 1000.00 Contribution	
City Brighton	State MI Zip Code 48106		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Mike Rogers			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District: B	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mike Thompson for Congress		Transaction ID: B347304 Date of Disbursement 06 / 10 / 2003	
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 1000.00 Contribution	
City Sacramento	State CA Zip Code 05841		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Michael Thompson			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Graves for Congress		Transaction ID: B347294 Date of Disbursement 06 / 10 / 2003	
Mailing Address 110 South 10th Street		Amount of Each Disbursement this Period 1000.00 Contribution	
City Tarkio	State MO Zip Code 64491		
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Rep. Sam Graves			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: 6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Team Emerson		Transaction ID: B347192 Date of Disbursement 06 / 10 / 2003	
Mailing Address Po Box 822			
City Cape Girardeau	State MO	Zip Code 63701	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Jo Ann Emerson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District B			

Full Name (Last, First, Middle Initial) B. J. D. Hayworth for Congress		Transaction ID: B347310 Date of Disbursement 06 / 10 / 2003	
Mailing Address 14300 North Northsight Blvd. Suite 105			
City Scottsdale	State AZ	Zip Code 85260	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. J.D. Hayworth			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AZ District 5			

Full Name (Last, First, Middle Initial) C. Fletcher for Congress		Transaction ID: B347288 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO Box 4703			
City Lexington	State KY	Zip Code 40544	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Ernie Fletcher			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY District 6			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Tom DeLay Congressional Committee			Transaction ID: B347057 Date of Disbursement 06 / 10 / 2003		
Mailing Address 10707 Corporate Drive Suite 13D			Amount of Each Disbursement this Period 2000.00		
City Stafford	State TX	Zip Code 77477-2136			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Rep. Tom DeLay					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: TX District: 22			Contribution		

Full Name (Last, First, Middle Initial) B. Jim Gerlach For Congress Committee			Transaction ID: B347292 Date of Disbursement 06 / 10 / 2003		
Mailing Address 811 Welsh Ayres Way			Amount of Each Disbursement this Period 1000.00		
City Downingtown	State PA	Zip Code 19335			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Rep. Jim Gerlach					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: PA District: B			Contribution		

Full Name (Last, First, Middle Initial) C. Pete's PAC- Pete's Political Action Committee			Transaction ID: B346953 Date of Disbursement 06 / 10 / 2003		
Mailing Address 1155 21st Street, NW Suite 300			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement 2003 Contribution		011 Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary General Other (specify) ▼				
State: District: D			2003 Contribution		

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Daniel Webster PAC		Transaction ID: B3467D5 Date of Disbursement 06 / 10 / 2003	
Mailing Address P.O. Box 519			
City Rye	State NH	Zip Code 03870	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2003 Contribution		011 Category/ Type	2003 Contribution
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Boozman For Congress		Transaction ID: B343452 Date of Disbursement 06 / 11 / 2003	
Mailing Address PO Box 671			
City Rogers	State AR	Zip Code 72757	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Mr. John Boozman			
Office Sought: x House Senate President State: AR District 3	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens for Arlen Specter		Transaction ID: B343422 Date of Disbursement 06 / 12 / 2003	
Mailing Address 111 South 15th Street, 8th Floor			
City Philadelphia	State PA	Zip Code 19102	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Sen. Arlen Specter			
Office Sought: House x Senate President State: PA District 1	Disbursement For: 2004 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 42 / 58
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Hoeffel for Congress		Transaction ID: B343429 Date of Disbursement 06 / 12 / 2003	
Mailing Address 700 East Johnson Hwy.		Amount of Each Disbursement this Period 500.00	
City Norristown	State PA	Zip Code 19401	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Joe Hoeffel			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District 13			

Full Name (Last, First, Middle Initial) B. Committee To Elect Lincoln Davis		Transaction ID: B343445 Date of Disbursement 06 / 12 / 2003	
Mailing Address PO Box 350		Amount of Each Disbursement this Period 1000.00	
City Jamestown	State TN	Zip Code 38556	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Mr. Lincoln Davis			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TN District 4			

Full Name (Last, First, Middle Initial) C. Committee To Elect Lincoln Davis		Transaction ID: B343451 Date of Disbursement 06 / 12 / 2003	
Mailing Address PO Box 350		Amount of Each Disbursement this Period 1000.00	
City Jamestown	State TN	Zip Code 38556	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Mr. Lincoln Davis			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TN District 4			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 43 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) John Spratt for Congress Committee			Transaction ID: B385976 Date of Disbursement 06 / 16 / 2003		
Mailing Address Post Office Box 2884					
City Washington		State DC	Zip Code 20013		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type		Contribution	
Candidate Name Rep. John M. Spratt, Jr.					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: SC	District: 5				

B. Full Name (Last, First, Middle Initial) Simmons For Congress			Transaction ID: B385974 Date of Disbursement 06 / 16 / 2003		
Mailing Address 12 Roosevelt Ave Box 4					
City Mystic		State CT	Zip Code 06355		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type		Contribution	
Candidate Name Rep. Rob Simmons					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: CT	District: 2				

C. Full Name (Last, First, Middle Initial) Putnam For Congress Committee			Transaction ID: B385980 Date of Disbursement 06 / 16 / 2003		
Mailing Address 1015 East George Street					
City Bartow		State FL	Zip Code 33830		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type		Contribution	
Candidate Name Rep. Adam Putnam					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: FL	District: 12				

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 44 / 58	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Robert Wexler For Congress Comm.		Transaction ID: B385982 Date of Disbursement 06 / 16 / 2003	
Mailing Address 2500 North Military Trail #268		Amount of Each Disbursement this Period 1000.00	
City Boca Raton	State FL	Zip Code 33431	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Robert Wexler			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 19		

Full Name (Last, First, Middle Initial) B. Jim Davis for Congress		Transaction ID: B385977 Date of Disbursement 06 / 16 / 2003	
Mailing Address 209 Blanca Avenue		Amount of Each Disbursement this Period 1000.00	
City Tampa	State FL	Zip Code 33606	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Jim Davis			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 11		

Full Name (Last, First, Middle Initial) C. Crowley for Congress		Transaction ID: B385972 Date of Disbursement 06 / 16 / 2003	
Mailing Address B4-58 Grand Avenue		Amount of Each Disbursement this Period 1000.00	
City Elmhurst	State NY	Zip Code 11373	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Joe Crowley			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY	District: 7		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 45 / 58
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Boswell for Congress			Transaction ID: B385984 Date of Disbursement 06 / 16 / 2003		
Mailing Address RR 1 BOX 190			Amount of Each Disbursement this Period 1000.00		
City Davis City	State IA	Zip Code 50005			
Purpose of Disbursement Contribution		011 Category/ Type	Contribution		
Candidate Name Rep. Leonard L. Boswell					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: IA	District: 3				

Full Name (Last, First, Middle Initial) B. The John Breaux Senate Committee			Transaction ID: B385970 Date of Disbursement 06 / 16 / 2003		
Mailing Address P.O. Box 3526			Amount of Each Disbursement this Period 1000.00		
City Lafayette	State LA	Zip Code 70502			
Purpose of Disbursement Contribution		011 Category/ Type	Contribution		
Candidate Name Sen. John B. Breaux					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: LA	District: 1				

Full Name (Last, First, Middle Initial) C. PRYCE Project			Transaction ID: B385969 Date of Disbursement 06 / 16 / 2003		
Mailing Address 1155 21 St., NW			Amount of Each Disbursement this Period 2000.00		
City Washington	State DC	Zip Code 20036			
Purpose of Disbursement 2003 Contribution		011 Category/ Type	2003 Contribution		
Candidate Name					
Office Sought: <input type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼				
State:	District: 0				

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 46 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Russ Carnahan for Congress Committee		Transaction ID: B385988 Date of Disbursement 06 / 16 / 2003	
Mailing Address 2845 Olive Street Suite 308		Amount of Each Disbursement this Period 1000.00	
City St. Louis	State MO	Zip Code 63101	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Mr. Russ Carnahan			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District 3			

Full Name (Last, First, Middle Initial) B. Stenholm For Congress Committee		Transaction ID: B389575 Date of Disbursement 06 / 19 / 2003	
Mailing Address 3 Cypress Point		Amount of Each Disbursement this Period 1000.00	
City Abilene	State TX	Zip Code 79606	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Charles W. Stenholm			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX District 17			

Full Name (Last, First, Middle Initial) C. Wilson for Congress		Transaction ID: 8389851 Date of Disbursement 06 / 19 / 2003	
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 1000.00	
City Albuquerque	State NM	Zip Code 87191-4070	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Heather Wilson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NM District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 47 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Steve Rothman for Congress		Transaction ID: B389965 Date of Disbursement 06 / 19 / 2003	
Mailing Address PO Box 714			
City Hackensack	State NJ	Zip Code 07602	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Steve Rothman			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District 9			

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Congressman Chris Smith		Transaction ID: B389965 Date of Disbursement 06 / 19 / 2003	
Mailing Address PO Box 3184			
City Hamilton	State NJ	Zip Code 08610	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Christopher H. Smith			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District 4			

Full Name (Last, First, Middle Initial) C. Bill Shuster for Congress		Transaction ID: 8391423 Date of Disbursement 06 / 19 / 2003	
Mailing Address 207 Allegheny Street			
City Hollidaysburg	State PA	Zip Code 16848	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. William Franklin Shuster			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District 9			

SUBTOTAL of Disbursements This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 48 / 58	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mike Thompson for Congress		Transaction ID: B389411 Date of Disbursement 06 / 19 / 2003	
Mailing Address 5435 Madison Avenue		Amount of Each Disbursement this Period 1000.00	
City Sacramento	State CA	Zip Code 95841	011 Category/ Type
Purpose of Disbursement Contribution		Contribution	
Candidate Name Rep. Michael Thompson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA	District: 1		

Full Name (Last, First, Middle Initial) B. Glacier PAC		Transaction ID: B389223 Date of Disbursement 06 / 19 / 2003	
Mailing Address 818 Connecticut Ave., NW Suite 1100		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20006	011 Category/ Type
Purpose of Disbursement 2003 Contribution		2003 Contribution	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) C. AMERIPAC		Transaction ID: B389055 Date of Disbursement 06 / 19 / 2003	
Mailing Address 1341 G Street, NW Suite 200		Amount of Each Disbursement this Period 2000.00	
City Washington	State DC	Zip Code 20005	011 Category/ Type
Purpose of Disbursement 2003 Contribution		2003 Contribution	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

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

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Sue Myrick for Congress		Transaction ID: B391124 Date of Disbursement 06 / 19 / 2003	
Mailing Address P.O. Box 3091		Amount of Each Disbursement this Period 1000.00	
City Falls Church	State VA		011 Category/ Type
Zip Code 22043-0091			
Purpose of Disbursement Contribution			Contribution
Candidate Name Rep. Sue Myrick			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC	District 9		

Full Name (Last, First, Middle Initial) B. A Lot of People Supporting Tom Daschle		Transaction ID: B39373 Date of Disbursement 06 / 19 / 2003	
Mailing Address P.O. Box 15155		Amount of Each Disbursement this Period 1500.00	
City Washington	State DC		011 Category/ Type
Zip Code 20003			
Purpose of Disbursement Contribution			Contribution
Candidate Name Sen. Thomas A. Daschle			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SD	District 1		

Full Name (Last, First, Middle Initial) C. Engel for Congress		Transaction ID: 8390832 Date of Disbursement 06 / 19 / 2003	
Mailing Address 115 D Street, S.E., #102		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC		011 Category/ Type
Zip Code 20003			
Purpose of Disbursement Contribution			Contribution
Candidate Name Rep. Eliot L. Engel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY	District 17		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 50 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Citizens for Bunning		Transaction ID: B389370 Date of Disbursement 06 / 19 / 2003	
Mailing Address 1717 Dixie Highway #1B00		Amount of Each Disbursement this Period 500.00	
City Fort Wright	State KY	Zip Code 41011	Contribution
Purpose of Disbursement Contribution		011 Category/Type	
Candidate Name Sen. Jim Bunning			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 1		

Full Name (Last, First, Middle Initial) B. Mike Ross for Congress		Transaction ID: B389377 Date of Disbursement 06 / 19 / 2003	
Mailing Address 201 Sherwood Drive		Amount of Each Disbursement this Period 1000.00	
City Prescott	State AR	Zip Code 71857	Contribution
Purpose of Disbursement Contribution		011 Category/Type	
Candidate Name Rep. Mike Ross			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR	District: 4		

Full Name (Last, First, Middle Initial) C. Robert Aderholt for Congress		Transaction ID: B389375 Date of Disbursement 06 / 19 / 2003	
Mailing Address PO Box 323		Amount of Each Disbursement this Period 1000.00	
City Haleyville	State AL	Zip Code 35885	Contribution
Purpose of Disbursement Contribution		011 Category/Type	
Candidate Name Rep. Robert B. Aderholt			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL	District: 4		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 51 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Majette For Congress Inc		Transaction ID: B389964 Date of Disbursement 06 / 19 / 2003	
Mailing Address 755 Commerce Drive Suite 102			
City Decatur	State GA	Zip Code 30030	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Denise Majette			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District 4			

Full Name (Last, First, Middle Initial) B. Cooper For Congress Committee		Transaction ID: B389376 Date of Disbursement 06 / 19 / 2003	
Mailing Address 601 Woodland Street			
City Nashville	State TN	Zip Code 37206	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Mr. James Cooper			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TN District 5			

Full Name (Last, First, Middle Initial) C. Citizens for Bunning		Transaction ID: 8391454 Date of Disbursement 06 / 20 / 2003	
Mailing Address 1717 Dixie Highway #1800			
City Fort Wright	State KY	Zip Code 41011	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Sen. Jim Bunning			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 52 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. HALPAC-Help America's Leaders PAC		Transaction ID: B391720 Date of Disbursement 06 / 20 / 2003	
Mailing Address 1155 21st Street, NW Suite 30D		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20036	2003 Contribution
Purpose of Disbursement 2003 Contribution		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) B. Quinn for Congress		Transaction ID: B393794 Date of Disbursement 06 / 24 / 2003	
Mailing Address 790 North Vermont Street		Amount of Each Disbursement this Period 1000.00	
City Arlington	State VA	Zip Code 22203	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Jack Quinn			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District 27			

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect Ed Towns		Transaction ID: 8393609 Date of Disbursement 06 / 24 / 2003	
Mailing Address P.O. Box 2884		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20013	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Edolphus Towns			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District 10			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 53 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Tiberi for Congress			Transaction ID: B388961 Date of Disbursement 06 / 24 / 2003		
Mailing Address 2021 E. Dublin Granville Rd. Ste. 2000			Amount of Each Disbursement this Period 1000.00		
City Columbus	State OH	Zip Code 43229			
Purpose of Disbursement Contribution		011 Category/ Type	Contribution		
Candidate Name Rep. Pat Tiberi					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: OH	District: 12				

Full Name (Last, First, Middle Initial) B. Friends of Carolyn McCarthy			Transaction ID: B388797 Date of Disbursement 06 / 24 / 2003		
Mailing Address PO Box 190			Amount of Each Disbursement this Period 1000.00		
City Mincola	State NY	Zip Code 11501			
Purpose of Disbursement Contribution		011 Category/ Type	Contribution		
Candidate Name Rep. Carolyn McCarthy					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: NY	District: 4				

Full Name (Last, First, Middle Initial) C. Nadler for Congress			Transaction ID: 8393798 Date of Disbursement 06 / 24 / 2003		
Mailing Address P.O. Box 2884			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20013			
Purpose of Disbursement Contribution		011 Category/ Type	Contribution		
Candidate Name Rep. Jerold Nadler					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: NY	District: 8				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 54 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Committee for Loretta Sanchez		Transaction ID: B393803 Date of Disbursement 06 / 25 / 2003	
Mailing Address 124422 Woodbridge			
City Garden Grove	State CA	Zip Code 92643	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Loretta Sanchez			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 47			

Full Name (Last, First, Middle Initial) B. Friends of Chris Dodd		Transaction ID: B393798 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO Box 270701			
City West Hartford	State CT	Zip Code 06127	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Sen. Christopher J. Dodd			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 1			

Full Name (Last, First, Middle Initial) C. Anna Eshoo for Congress		Transaction ID: B393802 Date of Disbursement 06 / 25 / 2003	
Mailing Address 555 Bryant Street Box 335			
City Palo Alto	State CA	Zip Code 94301	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Anna G. Eshoo			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 14			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 55 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Cardoza For Congress			Transaction ID: B393800 Date of Disbursement 06 / 25 / 2003		
Mailing Address 5578 Zeiner Court			Amount of Each Disbursement this Period 1000.00 Contribution		
City Atwater	State CA	Zip Code 95301			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Rep. Dennis Cardoza					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District 18	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. King For Congress			Transaction ID: B393801 Date of Disbursement 06 / 25 / 2003		
Mailing Address 126 N Des Moines Street PO Box 578			Amount of Each Disbursement this Period 1000.00 Contribution		
City Odebolt	State IA	Zip Code 51458			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Mr. Steven King					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District 5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Kline For Congress			Transaction ID: B393804 Date of Disbursement 06 / 25 / 2003		
Mailing Address 14101 Southcross Dr. W. Suite 175			Amount of Each Disbursement this Period 1000.00 Contribution		
City Burnsville	State MN	Zip Code 55337			
Purpose of Disbursement Contribution		011 Category/ Type			
Candidate Name Mr. John Kline					
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MN District 2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 56 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Evan Bayh Committee		Transaction ID: B393831 Date of Disbursement 06 / 26 / 2003	
Mailing Address 10 W Market Street Ste. 2100			
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Sen. Evan Bayh			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN	District: 2		

Full Name (Last, First, Middle Initial) B. Nita Lowey for Congress		Transaction ID: B393807 Date of Disbursement 06 / 26 / 2003	
Mailing Address 3467 Mildred Drive			
City Falls Church	State VA	Zip Code 22042	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Nita M. Lowey			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY	District: 18		

Full Name (Last, First, Middle Initial) C. Gingrey For Congress		Transaction ID: B393806 Date of Disbursement 06 / 26 / 2003	
Mailing Address PO Box U			
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. J Phillip Gingrey			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA	District: 11		

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 57 / 58			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Santorum 2006		Transaction ID: B393896 Date of Disbursement 06 / 27 / 2003	
Mailing Address P.O. Box 10495			
City Pittsburgh	State PA	Zip Code 15234	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 Contribution		011 Category/ Type	2006 Contribution
Candidate Name Sen. Rick Santorum			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA	District: 2		

Full Name (Last, First, Middle Initial) B. Tom Davis for Congress		Transaction ID: B393805 Date of Disbursement 06 / 27 / 2003	
Mailing Address 6429 Downing Court			
City Annandale	State VA	Zip Code 22003	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Thomas M. Davis, III			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VA	District: 11		

Full Name (Last, First, Middle Initial) C. Andrews for Congress		Transaction ID: 8393847 Date of Disbursement 06 / 27 / 2003	
Mailing Address 16 Somerdale Sqare			
City Somerdale	State NJ	Zip Code 08033	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution		011 Category/ Type	Contribution
Candidate Name Rep. Robert E. Andrews			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ	District: 1		

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
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. Dutch Ruppensberger For Congress		Transaction ID: B489316 Date of Disbursement 06 / 30 / 2003
Mailing Address PO Box 5675		Amount of Each Disbursement this Period 1500.00 Contribution
City Timonium	State MD	
Zip Code 21094	011 Category/ Type	
Purpose of Disbursement Contribution	Candidate Name Rep. Dutch Ruppensberger	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MD District 2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	80485.00